<u>K-12</u>	Church of the Ass	ump	acramental Preparation 1 otion † 2116 Cornwall Avenue † hone) † 360.733.5654 (fax) † www.	Bellingham WA 982			
	<b>FEES:</b> mily Catechesis (K-5 <sup>th</sup> gra nistry (6 <sup>th</sup> – 12 <sup>th</sup> grade)	\$25 per child \$25 per child					
	<b>NTAL PREP FEES:</b> onciliation & First Holy C tion	\$25 per child \$25 per child					
STUDENT I	INFORMATION:						
CHILD #1 N	JAME	DOB					
SCHOO	L		GRADE				
PARISH: Assumption Sat			red Heart				
Faith Formation Program:			Whole Family Catechesis  □ Youth Ministry				
Sacraments Already Received:		aptism 🛛 First Holy Commu	nion 🗆 Confi	□ Confirmation			
CHILD #2 N	NAME			DOB			
SCHOOL	L		GRADE				
PARISH	Assumption	Sac	red Heart				
Faith Formation Program:			Vhole Family Catechesis 🛛 Youth Ministry				
Sacrament	ts Already Received:	$\square$ Ba	aptism 🛛 First Holy Commu	nion 🗆 Confr	rmation		
CHILD #3 N	JAME			DOB			
			GRADE				
	: Assumption						
_		Thole Family Catechesis					
Sacrament	ts Already Received:	$\square B$	aptism 🛛 First Holy Commu	nion 🗆 Confr	rmation		
	WHOLE FAMILY CATECHESIS or YOUT MINISTRY \$25	Ή	FIRST RECONCILIATION & FIRST HOLY COMMUNION \$25	CONFIRMATION \$25	TOTAL FEES PER CHILD		
Ex. Child	\$25		\$25		\$50		
CHILD #1							
CHILD #2							
CHILD #3							
				TOTAL FEES DUE PER FAMILY:	\$		

No one will be turned away due to a lack of funds. Please contact Claudia Maeda at the parish with any questions.  $\rightarrow$  Please complete the reverse side requiring parent/guardian contact information.  $\leftarrow$ 

## PARENT/GUARDIAN INFORMATION

FATHER'S NAME:					
	LAST NAME	FIRST NAME			
MOTHER'S NAME:					
	LAST NAME	E FII		RST NAME	
CHILD'S PRIMARY ADDI	RESS:				
		STREET			
CITY		STATE	ZIJ	PCODE	
WHO IS THE PRIMARY			D'S FAITH FORMATI		
PHONE NUMBERS:		DAD (WORK/CELL)		MOM (WORK/CELL)	
EMAIL ADDRESS:			· · · ·		,
EMERGENCY CONTAC	CT (other than a pa	arent/guardia	n):		
NAME		PH. #		RELATIONSHIP TO CHILD	
Information about the chil	ld regarding allerg	ies and/or spe	ecial needs:		

## Parent Permission and Release Form:

I/We the parent(s)/guardian(s) give our permission for our child/children to attend Church of the Assumption's Whole Family Catechesis program, sacramental preparation programs, Assumption/Sacred Heart's Youth Ministry program, and any sponsored activities. We fully recognize that such undertaking involves an element of risk and assume and accept these risks and hazards, which are incidental to such participation. We hereby hold harmless and release any and all rights of claim against the Corporation of the Catholic Archbishop of Seattle, Assumption Parish, Sacred Heart Parish, its employees, volunteers, and all members and volunteers of the above-stated Faith Formation programs, for any damage or injury that our child may incur while participating in any of the Faith Formation classes or sponsored events from Sept. 1, 2023, through Aug. 31, 2024. We also grant permission for any photographs taken of our child/children during faith and sacramental programs and events to be used for publicity purposes in Parish and/or Archdiocesan materials and on the Parish and/or Archdiocesan website.