



MATER DEI PARISH

CATHOLIC FAITH FORMATION REGISTRATION 2025-2026

IS YOUR FAMILY REGISTERED AT MATER DEI PARISH? YES ☐ NO ☐

PARISH REGISTRATION IS REQUIRED TO REGISTER YOUR CHILD(REN) FOR FAITH FORMATION.

PLEASE CALL THE PARISH OFFICE AT (802) 334-5066 OR 802-487-7278 TO REGISTER.

WHICH CHURCH DOES YOUR FAMILY USUALLY ATTEND?

☐ ST. MARY'S ☐ ST. EDWARD'S ☐ ST. JAMES

CHILD'S NAME:

DATE OF BIRTH:

| | | |
|------------|-------------|-----------|
| FIRST NAME | MIDDLE NAME | LAST NAME |
|------------|-------------|-----------|

| |
|------------|
| MM/DD/YYYY |
|------------|

FATHER'S INFORMATION:

MOTHER'S INFORMATION:

| | | | | | |
|------------|------------|-----------|-------------|--------------|-----------|
| FIRST NAME | LAST NAME: | RELIGION: | FIRST NAME: | MAIDEN NAME: | RELIGION: |
|------------|------------|-----------|-------------|--------------|-----------|

HOME ADDRESS:

| | | |
|--------|------------|----------|
| STREET | CITY/STATE | ZIP CODE |
|--------|------------|----------|

HOME/CELL PHONE NUMBER:

EMAIL ADDRESS:

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SACRAMENTAL INFORMATION:

| SACRAMENT | DATE | CHURCH | TOWN / STATE |
|--------------------------------|------|--------|--------------|
| BAPTISM | | | |
| 1 ST RECONCILIATION | | | |
| 1 ST COMMUNION | | | |
| CONFIRMATION | | | |

SCHOOL INFORMATION:

| ELEMENTARY SCHOOL | JUNIOR HIGH SCHOOL | HIGH SCHOOL |
|-------------------|--------------------|-------------|
| | | |
| | | |

PREFERRED METHOD OF COMMUNICATION:

☐ HOME PHONE ☐ CELL PHONE
☐ E-MAIL ☐ SNAIL MAIL

SIBLINGS: _____

SPECIAL INTERESTS / HOBBIES: _____

ALLERGIES: _____

OTHER MEDICAL CONDITIONS WE SHOULD KNOW ABOUT: _____

PLEASE LIST ANY ADULT(S) WHO HAVE PERMISSION TO PICK THIS STUDENT UP:

NAME: _____ RELATIONSHIP: _____ PHONE #: _____

NAME: _____ RELATIONSHIP: _____ PHONE #: _____

A PARENT SIGNATURE IS REQUIRED FOR EACH YEAR OF ATTENDANCE IN OUR CATHOLIC FAITH FORMATION PROGRAM. PLEASE REVIEW THE INFORMATION EACH YEAR AND UPDATE IT AS NEEDED.

| SCHOOL YEAR | GRADE | BAPT. CERT. | PARENT SIGNATURE | FEE PAID / DATE |
|-------------|-------|-------------|------------------|-----------------|
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SPECIAL NOTATIONS: _____

PLEASE PLACE THIS REGISTRATION FORM IN THE COLLECTION BASKET AT MASS OR BRING IT TO THE PARISH OFFICE IN NEWPORT OR MAIL IT TO MATER DEI PARISH, 191 CLERMONT TERRACE, NEWPORT, VT 05855

REGISTRATION FORMS MUST BE SUBMITTED
BY SEPTEMBER 30TH.

COST: \$25 PER CHILD, ADDITIONAL CHILDREN OF THE SAME FAMILY \$ 10
EACH.

ASK FOR SCHOLARSHIP IF YOU ARE IN NEED
WE LOOK FORWARD TO SEEING YOUR CHILDREN THIS YEAR!

DECLARATION OF INTENT & ACKNOWLEDGEMENT OF COMMITMENT:

WHEN YOU ENROLL YOUR CHILD IN FAITH FORMATION, FAMILIES ARE ENCOURAGED TO:

- ATTEND MASS EVERY WEEK WITH YOUR CHILDREN. MASS ATTENDANCE IS CENTRAL TO OUR FAITH.
- TEACH YOUR CHILDREN TO PRAY BY PRAYING DAILY WITH THEM.
- ASSIST YOUR CHILDREN WITH THEIR HOMEWORK.

SIGNATURE OF PARENT

DATE