



Faith Formation Registration



2025-2026

Please print clearly and fill out one form per child.

Calais

Baileyville

Sipajik

Peter Dana Point

Child's Name _____
First Middle Last

DOB _____ School _____ Grade _____

Medical Conditions/Allergies: _____

SACRAMENTS RECEIVED

Date Church State

Baptism _____

Confirmation _____

Eucharist _____

Reconciliation _____

CONTACT INFORMATION

Primary Contact Name _____ Relationship _____

Mailing Address: _____

Phone _____ Email _____

Secondary Contact Name _____ Relationship _____

Mailing Address: _____

Phone _____ Email _____

Other individual(s) authorized to pick up my child: _____

I give permission for my child listed on this registration form to be photographed for various events in our parish throughout the year.

Parent/Guardian Signature _____

St. Kateri Tekakwitha Parish
31 Calais Ave.
Calais, ME 04619
(207) 454-0680