



Holy Redeemer By The Sea Catholic Parish
Staffed by the Oblates of St. Francis De Sales

FAITH FORMATION REGISTRATION 2025 - 2026

Forms are due by August 17, 2025, for the upcoming Faith Formation 2025/2026 Year.

Registration Fee - \$20 for one child; \$30 for two children; \$40 for three or more children.

Registration closes on August 1, 2025

For our 2025/2026 Faith Formation year, our class hours will be 10:00 a.m. – 11:30 a.m.

Reminder – Sacramental Years are a two-year program and require **ACTIVE** participation in classes in order to receive sacraments.

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- All families **MUST BE** registered Parishioners of Holy Redeemer Parish.

If you are not registered with the parish, check here. _____

- New students **MUST** provide a **Baptismal Certificate**, unless they were baptized at Holy Redeemer. If baptized at Holy Redeemer, please check here. _____

Note - ***ALL fields are required to be completed.***

Parent/ Legal Guardian Name(s)

Father:

Last Name

First Name

Mother:

Last Name

First Name

Maiden Name

Street Address: _____

City/State/Zip Code: _____

HOME PHONE: _____ **CELL PHONE:** _____

E-MAIL ADDRESS: _____

Please print email address clearly

Holy Redeemer by the Sea Parish
FAITH FORMATION REGISTRATION 2025 - 2026

Note - **ALL fields are required to be completed.**

NAME OF CHILD (#1) REGISTERING FOR FAITH FORMATION

Baptismal Name of CHILD: _____
First Name Middle Name Last Name

Birth Date ____/____/____ School Grade entering in August 2025: ____
Month Day Year Good Shepherd Participant? Yes or No ____

(RETURNING STUDENTS DO NOT NEED TO FILL IN THE SACRAMENTAL INFORMATION BELOW)

Did your child receive the sacrament below? If so, date the sacrament was received.

Baptism ☐ Yes ☐ No Date: _____

First Reconciliation ☐ Yes ☐ No Date: _____

First Eucharist ☐ Yes ☐ No Date: _____

Confirmation ☐ Yes ☐ No Date: _____

ANY ALLERGIES: _____

Note - **ALL fields are required to be completed.**

NAME OF CHILD (#2) REGISTERING FOR FAITH FORMATION

Baptismal Name of CHILD: _____
First Name Middle Name Last Name

Birth Date ____/____/____ School Grade entering in August 2025: ____
Month Day Year Good Shepherd Participant? Yes or No ____

(RETURNING STUDENTS DO NOT NEED TO FILL IN THE SACRAMENTAL INFORMATION BELOW)

Did your child receive the sacrament below? If so, date the sacrament was received.

Baptism ☐ Yes ☐ No Date: _____

First Reconciliation ☐ Yes ☐ No Date: _____

First Eucharist ☐ Yes ☐ No Date: _____

Confirmation ☐ Yes ☐ No Date: _____

ANY ALLERGIES: _____

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(For additional children in same family)

Note - *ALL fields are required to be completed.*

NAME OF CHILD (#3) REGISTERING FOR FAITH FORMATION

Baptismal Name of CHILD: _____
First Name Middle Name Last Name

Birth Date ____ / ____ / ____ School Grade entering in August 2025: ____
Month Day Year Good Shepherd Participant? Yes or No ____

(RETURNING STUDENTS DO NOT NEED TO FILL IN THE SACRAMENTAL INFORMATION BELOW)

Did your child receive the sacrament below? If so, date the sacrament was received.

Baptism ☐ Yes ☐ No Date: _____

First Reconciliation ☐ Yes ☐ No Date: _____

First Eucharist ☐ Yes ☐ No Date: _____

Confirmation ☐ Yes ☐ No Date: _____

ANY ALLERGIES: _____

Note - *ALL fields are required to be completed.*

NAME OF CHILD (#4) REGISTERING FOR FAITH FORMATION

Baptismal Name of CHILD: _____
First Name Middle Name Last Name

Birth Date ____ / ____ / ____ School Grade entering in August 2025: ____
Month Day Year Good Shepherd Participant? Yes or No ____

(RETURNING STUDENTS DO NOT NEED TO FILL IN THE SACRAMENTAL INFORMATION BELOW)

Did your child receive the sacrament below? If so, date the sacrament was received.

Baptism ☐ Yes ☐ No Date: _____

First Reconciliation ☐ Yes ☐ No Date: _____

First Eucharist ☐ Yes ☐ No Date: _____

Confirmation ☐ Yes ☐ No Date: _____

ANY ALLERGIES: _____

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FAITH FORMATION REGISTRATION 2024 – 2025 - 2026

I give permission for my son's/daughter's pictures to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting any event.

Signature of Parent/Guardian: _____ **Date:** _____

Additional Comments and/or Suggestions that would be helpful for us to know about your child(ren).

Please let us know if you can assist in any way with our Faith Formation Program!
(Participating requires background checks and Safe Environment Training)

If you are interested in assisting, we will contact you to complete both items prior to assisting.

I am interested in assisting in the below area(s):

Teacher _____ Aide _____ Substitute Teacher _____

If you have any questions, please contact the Faith Formation Office at
hrbtsfaithformation@gmail.com

Thank you, and God Bless!