



Holy Redeemer By The Sea Catholic Parish

Staffed by the Oblates of St. Francis De Sales

Returning Students - FAITH FORMATION REGISTRATION (2026/2027)

By checking the box, you agree to your child's registration being renewed each year until you move, leave the Parish, or your child has completed their Sacrament of Confirmation.

By checking this box, I agree to my child(ren) being registered for Faith Formation until otherwise noted by me.

- **Registration Fee** - \$20 for one child; \$30 for two children; \$40 for three or more children. Registration payment may be made online or with the Parish Office.
- **All families MUST BE registered Parishioners of Holy Redeemer Parish.** If you have not registered with the Parish, please make sure you do so.
- **Reminder** – Sacramental Years are a two-year program and require **ACTIVE** participation in classes in order to receive sacraments.

Of Importance – As Catholics, it is important that we attend Mass weekly in keeping with the Commandment to Keep Holy the Sabbath. Attending Mass regularly along with Faith Formation is foundational in your child's Faith Formation journey.

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

Parent/ Legal Guardian Name(s)

Father: _____
Last Name First Name Middle 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

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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 2026: ____
Month Day Year

ANY ALLERGIES: _____

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 2026: ____
Month Day Year

ANY ALLERGIES: _____

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 2026: ____
Month Day Year

ANY ALLERGIES: _____

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 2026: ____
Month Day Year

ANY ALLERGIES: _____

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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).

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

Thank you, and God Bless!