



Family Last Name: _____

Father: _____ **Religion** _____

Mother: _____ **Religion** _____

Preferred Phone # _____ **# belongs to: Mom/Dad**
Circle

Secondary Phone # _____ **# belongs to: Mom/Dad**

Primary Email: (belongs to: Mom / Dad)

Secondary Email: (belongs to: Mom / Dad)

Address: _____

City/St./Zip: _____

Child(ren) resides with: (circle all that apply)

Both Parents or Father / Mother and Step Parent or Other

Send payment to: Assumption Faith Formation Office
6391 Belmont Ave., Belmont, MI 49306

Tuition:

One child \$ 90.00
Two children \$110.00
Three or more \$125.00

Talents I could share with the Faith Formation Program, i.e. Virtual Catechist, on-site Catechist, substitute catechist, abilities, hall monitor, website support, etc.

MEDIA RELATIONS/PROMOTIONS RELEASE-PLEASE SIGN BELOW

I give my permission to Assumption B.V.M., Belmont, MI, to use photographs, videotape, website photos, or any likeness for publicity purposes and the use of statements made by or attributed to my child/children relating to the Catholic Diocese of Grand Rapids for this or similar promotions and grant the Assumption B.V.M. any and all rights to said use without further compensation. It is my understanding that my signature below releases the Catholic Diocese of Grand Rapids from any financial or legal responsibilities for the use of this media relations/promotional material(s).

Yes No Signature _____

Dated: _____

Class Time Choices for 2020-21

* Catechesis for families to choose:

Onsite weekly classes: GR 1-7: Wed. 5:30-7:00 PM

Homeschooling: (weekly electronic support and monthly meetings)

*Confirmation (Grade 8): Sundays, 12:00-1:30 PM or 6:30-8:00 PM

*GR 6-12: Youth Group: Sundays, 6:30 PM-8:00 PM (no fee)

*Special needs/circumstances (individually determined with the parents)

For explanation and questions: <https://assumptionbvm.com/faith-formation/>

1st Child (First & Last): _____

D.O.B.: _____ Gr. in the fall of 2020: _____

Name of school (not district): _____

Time:

WED 5:30-7:00 PM In the home Youth Group: SUN 6:30PM
 Confirmation: SUN 12:00 PM Confirmation: SUN 6:30 PM

Sacraments Received (Indicate the Sacraments received):

Baptism Reconciliation Eucharist Confirmation

2nd Child (First & Last): _____

D.O.B.: _____ Gr. in the fall of 2020: _____

Name of school (not district): _____

Time:

WED 5:30-7:00 PM In the home Youth Group: SUN 6:30PM
 Confirmation: SUN 12:00 PM Confirmation: SUN 6:30 PM

Sacraments Received (Indicate the Sacraments received):

Baptism Reconciliation Eucharist Confirmation

3rd Child (First & Last): _____

D.O.B.: _____ Gr. in the fall of 2020: _____

Name of school (not district): _____

Time:

WED 5:30-7:00 PM In the home Youth Group: SUN 6:30PM
 Confirmation: SUN 12:00 PM Confirmation: SUN 6:30 PM

Sacraments Received (Indicate the Sacraments received):

Baptism Reconciliation Eucharist Confirmation