IMMACULATE HEART OF MARY PARISH

2026–2027 FAITH FORMATION REGISTRATION

Registration Deadline: Thursday, August 20, 2026 • Return with the signed Handbook Agreement Form

PARISH OFFICE USE ONLY

Date received: _____	Handbook form: ☐ Yes ☐ No	Records needed: ☐ Yes ☐ No

1. FAMILY INFORMATION

Family last name: _____	Primary phone: _____
Home address: _____	
City: _____ State: ____ ZIP: _____	Primary email: _____
Registered at IHM? ☐ Yes ☐ No ☐ Unsure	Other parish (if applicable): _____
Usual Sunday Mass: ☐ Saturday Vigil ☐ Sunday 8:00 AM ☐ Sunday 11:00 AM ☐ Other: _____ ☐ Not currently regular	

2. PARENT OR GUARDIAN INFORMATION

PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Cell: _____	Cell: _____
Email: _____	Email: _____
Preferred: ☐ Email ☐ Text ☐ Phone	Preferred: ☐ Email ☐ Text ☐ Phone

Custody or release restrictions: ☐ No ☐ Yes — Please contact the parish office. Applicable documentation may be required.

3. EMERGENCY CONTACT AND AUTHORIZED PICKUP

Emergency contact (not a parent): _____	Relationship: _____
Primary phone: _____	Alternate phone: _____
Other adults authorized for pickup (name, relationship, phone):	
1. _____	
2. _____	
3. _____	

Anyone prohibited from pickup? ☐ No ☐ Yes — Contact the parish office directly. Photo identification may be requested.

STUDENT INFORMATION

Complete one section for each child. Use the separate Additional Student page for more than four children.

STUDENT 1

Full legal name: _____	Preferred name: _____
Date of birth: _____ Age: _____	2026–2027 grade: _____ School: _____
Previously attended Faith Formation? ☐ Yes ☐ No	Where/year: _____
Sacraments received: ☐ Baptism ☐ First Reconciliation ☐ First Holy Communion ☐ Confirmation	
Baptism date: _____ Church: _____	City/State: _____
Preparing this year for: ☐ None ☐ First Reconciliation/First Communion ☐ Confirmation ☐ Other: _____	
Allergies, medical concerns, learning needs, accommodations, or helpful classroom strategies: _____ _____	
Medication or emergency instructions the parish should know: _____	

STUDENT 2

Full legal name: _____	Preferred name: _____
Date of birth: _____ Age: _____	2026–2027 grade: _____ School: _____
Previously attended Faith Formation? ☐ Yes ☐ No	Where/year: _____
Sacraments received: ☐ Baptism ☐ First Reconciliation ☐ First Holy Communion ☐ Confirmation	
Baptism date: _____ Church: _____	City/State: _____
Preparing this year for: ☐ None ☐ First Reconciliation/First Communion ☐ Confirmation ☐ Other: _____	
Allergies, medical concerns, learning needs, accommodations, or helpful classroom strategies: _____ _____	
Medication or emergency instructions the parish should know: _____	

STUDENT 3

Full legal name: _____	Preferred name: _____
Date of birth: _____ Age: _____	2026–2027 grade: _____ School: _____
Previously attended Faith Formation? ☐ Yes ☐ No	Where/year: _____
Sacraments received: ☐ Baptism ☐ First Reconciliation ☐ First Holy Communion ☐ Confirmation	
Baptism date: _____ Church: _____	City/State: _____
Preparing this year for: ☐ None ☐ First Reconciliation/First Communion ☐ Confirmation ☐ Other: _____	
Allergies, medical concerns, learning needs, accommodations, or helpful classroom strategies: _____ _____	
Medication or emergency instructions the parish should know: _____	

STUDENT 4

Full legal name: _____	Preferred name: _____
Date of birth: _____ Age: _____	2026–2027 grade: _____ School: _____
Previously attended Faith Formation? ☐ Yes ☐ No	Where/year: _____
Sacraments received: ☐ Baptism ☐ First Reconciliation ☐ First Holy Communion ☐ Confirmation	
Baptism date: _____ Church: _____	City/State: _____
Preparing this year for: ☐ None ☐ First Reconciliation/First Communion ☐ Confirmation ☐ Other: _____	
Allergies, medical concerns, learning needs, accommodations, or helpful classroom strategies: _____ _____	
Medication or emergency instructions the parish should know: _____	

PARENT ACKNOWLEDGMENTS AND PERMISSIONS

4. DROP-OFF, PICKUP, AND FIRST SESSION

Initial: _____	A parent, guardian, or authorized adult must bring my child directly into the classroom every week.
Initial: _____	Children may not be dropped off in the parking lot or at the building entrance. Teachers will not be stationed in the parking lot.
Initial: _____	A parent, guardian, or authorized adult must check in with the teacher at both drop-off and pickup.
Initial: _____	My child will not be released from the classroom without a parent, guardian, or authorized adult present.
Initial: _____	All parents or guardians are expected to stay for a brief classroom meeting during the first class session.

5. ATTENDANCE, MASS, AND FAMILY PARTICIPATION

Initial: _____	Regular class attendance is important. Repeated absences may affect a child's readiness to advance or receive a sacrament.
Initial: _____	I will notify the parish or teacher when my child will be absent.
Initial: _____	Faith Formation supports—but does not replace—the practice of the Catholic faith at home and regular participation in Sunday Mass.
Initial: _____	Parents and guardians are the first teachers of the faith. I will make every reasonable effort to bring my child to Sunday Mass.

6. COMMUNICATION, PHOTO, AND EMERGENCY PERMISSIONS

Communication: I may be contacted by ☐ Email ☐ Telephone ☐ Text message ☐ Parish communication system
Photo/media (choose one): ☐ Parish/diocesan print and digital use ☐ Printed parish materials only ☐ No publication
Emergency medical authorization: If I cannot be reached, I authorize parish staff or volunteers to contact emergency services and obtain appropriate emergency care for my child. Parent initials: _____
Preferred hospital (optional): _____ Physician/practice: _____ Phone: _____

7. VOLUNTEER INTEREST

I may be interested in helping as a: ☐ Catechist ☐ Assistant ☐ Substitute ☐ Hall/safety volunteer ☐ Events/hospitality ☐ Not available
Volunteer name: _____ *Safe-environment requirements apply to volunteers working with children.*

8. CERTIFICATION AND SIGNATURES

I certify that this information is accurate. I have received the 2026–2027 schedule and handbook, and I understand that the signed Handbook Agreement Form must be returned with this registration.

Parent/Guardian name: _____	Signature: _____ Date: _____
Second Parent/Guardian: _____	Signature: _____ Date: _____

RETURN CHECKLIST

☐ Registration form ☐ Signed Handbook Agreement ☐ Baptismal certificate (if requested)

Return to the parish office by Thursday, August 20, 2026.