

MOST BLESSED SACRAMENT FAITH FORMATION

REGISTRATION FORM 2026-2027

REGISTRATION FEES: **\$125/FAMILY IF RECEIVED BEFORE JULY 1 / \$150/FAMILY AFTER JULY 1**

ALL FEES ARE WAIVED FOR VOLUNTEERS. NO ONE IS DENIED ENROLLMENT DUE TO FINANCIAL CONSTRAINTS.

Parent's Contact Information: If you are new to MBS, also fill out the *Online Parish Registration*

Father's First and Last Name:	Father's Email:
Mother's First and Last Name: <i>Mother's Maiden Name:</i>	Mother's Email:
Best Phone Number to reach you at:	In Case of Emergency Contact Information:
Mailing Address:	

Student Information:

All students enrolled in Faith Formation must present a baptismal certificate in Grade 1

All students enrolled in Faith Formation for the 1st time must present a baptismal certificate and a First Communion certificate.

Students in sacramental years (2nd grade and 8th grade) are required to attend in person classes.

1. Child's Name:		Child's Grade for 2026-2027: _____ ____ In-Person Class ____ At Home Lessons (Not 2nd or 8th Grade) ____ Attends a Catholic School
Child's DOB:	Date and Place of Baptism: <i>If not at MBS, please provide certificate</i>	Date and Place of First Communion: <i>If not at MBS, please provide certificate</i>
Challenges and/or food allergies/allergies that we should be aware of:		
2. Child's Name:		Child's Grade for 2026-2027: _____ ____ In-Person Class ____ At Home Lessons (Not 2nd or 8th Grade) ____ Attends a Catholic School
Child's DOB	Date and Place of Baptism: <i>If not at MBS, please provide certificate</i>	Date and Place of First Communion: <i>If not at MBS, please provide certificate</i>
Challenges and/or food allergies/allergies that we should be aware of:		

Please list additional children on the back of this form.

Contact Kathy Casey, Coordinator if you have any questions at kathy.casey@mbsparishwakefield.com

3. Child's Name:		Child's Grade for 2026-2027: _____ <input type="checkbox"/> In-Person Class <input type="checkbox"/> At-Home Lessons (Not 2nd or 8th Grade) <input type="checkbox"/> Attends a Catholic School
Child's DOB	Date and Place of Baptism: <i>If not at MBS, please provide certificate</i>	Date and Place of First Communion: <i>If not at MBS, please provide certificate</i>
Challenges and/or food allergies/allergies that we should be aware of:		

4. Child's Name:		Child's Grade for 2026-2027: _____ <input type="checkbox"/> In-Person Class <input type="checkbox"/> At-Home Lessons (Not 2nd or 8th Grade) <input type="checkbox"/> Attends a Catholic School
Child's DOB	Date and Place of Baptism: <i>If not at MBS, please provide certificate</i>	Date and Place of First Communion: <i>If not at MBS, please provide certificate</i>
Challenges and/or food allergies/allergies that we should be aware of:		