

REGISTRATION 2026-2027**ST. MARY FAITH FORMATION****15520 North Boulevard, Tampa, FL 33613-2802****Ph: (813) 961-1061 x306**

Class Fee: \$70.00 each, SacPrep Fee: \$70.00 each w/ Baptism copy

Office Use:

Amount/Cash _____

Ck # _____ Date _____

Parent's Name: _____

Address: _____

Phone: _____ Email: _____

Please answer all

Student #1 - Name: _____ Gender: M or F

Date of birth _____ Grade in Sept 2026 _____ School Name _____

Please check: _____ **Wednesday @ 6:00-7:00PM, 1st - 5th** _____ **Wednesday @ 6:00-7:30PM, 6th - 12th**_____ **Pk4 & K Sun 10AM** _____ **OCIA (Baptism) Wednesday, 6:00-7:00PM**_____ **First Eucharist Prep (2nd & over) Wed @ 6:00PM** _____ **Confirmation (9th & over) Wed. @ 6:00PM****Required for Sacrament Preparation only:** Attended Faith Formation class or Catholic School last year: **YES or NO**Student has received: **Catholic Baptism YES or NO** **First Eucharist YES or NO** **Confirmation YES or NO**Please indicate below any **learning disabilities, allergies, medical problems, etc...** that may require special attention:**Office Use Only:** Grade/Time: W6 S10 Catholic School Sac: Euch27 or Confirm27

Student #2 - Name: _____ Gender: M or F

Date of birth _____ Grade in Sept 2026 _____ School Name _____

Please check: _____ **Wednesday @ 6:00-7:00PM, 1st -5th** _____ **Wednesday @ 6:00-7:30 PM, 6th - 12th**_____ **Pk4 & K Sun 10AM** _____ **OCIA (Baptism) Wednesday, 6:00-7:00PM**_____ **First Eucharist Prep (2nd & over) Wed. @ 6:00PM** _____ **Confirmation (9th & over) Wed. @ 6:00PM****Required for Sacrament Preparation only:** Attended Faith Formation class or Catholic School last year: **YES or NO**Student has received: **Catholic Baptism YES or NO** **First Eucharist YES or NO** **Confirmation YES or NO**Please indicate below any **learning disabilities, allergies, medical problems, etc...** that may require special attention:**Office Use Only:** Grade/Time: W6 S10 Catholic School Sac: Euch27 or Confirm27**IN CASE OF EMERGENCY**, and in the event the parents or legal guardian cannot be reached, please contact:

Name: _____ Relationship: _____

Phone: _____

Do they have permission to take the child/children home? **Yes or No (circle one)**