

**St. Mary McHenry Faith Formation
Registration Form 2025-2026**

1407 N. Richmond Road, McHenry, IL 60050
815-385-0024



(Please Print)

Family Last Name: _____ registered at parish Yes ☐ No ☐

Mailing Address: _____
Street City State Zip

Primary Phone Number: _____ Family Email: _____

PREFERRED METHOD OF CONTACT FOR URGENT COMMUNICATION: _____ EMAIL _____ TEXT

Father's information	Mother's information
First Name: _____	First Name: _____
Religion: _____	Maiden Name: _____
Cell Phone: _____	Religion: _____
Email: _____	Cell Phone: _____
Address (if different than above): _____	Email: _____
	Address (if different than above): _____

Whom does/do child(ren) live with (custodial if divorced)? (circle one) BOTH MOM DAD

PRIMARY EMERGENCY CONTACT (MUST BE AVAILABLE DURING CLASS TIME):

Name: _____ Relationship: _____

Cell Phone: _____ Secondary phone: _____

PHOTOGRAPHY RELEASE 2025-2026

During the year, pictures may be taken of your child(ren) during class/activities and we would like your permission to use these in the following ways: parish website, parish Facebook, parish bulletin, parish bulletin boards, and the Observer (Newspaper of Diocese of Rockford). Please check both of your preferences

- I grant permission to use photos as stated of (child/children names) _____
_____ YES NO
- My child(ren)'s names can be used with the pictures YES NO

Parent Name (print) _____

Parent Signature: _____ Date: _____

STUDENT INFORMATION:

Fill out below for each child. Note that children receiving sacraments this year should also be in FF or attend a Catholic school and may need to fill out more forms throughout their sacramental formation.

- ❖ Please indicate on Medical Release Form any physical, emotional, or learning needs that may affect your child's classroom response

Child #1

First Name: _____ Middle Name: _____ Last Name: _____

Preferred name (nick name): _____

Circle one: Female Male Grade level in fall 2025: _____ DOB: ____/____/____

Circle one: Special Needs* Yes No School attending: _____

Check programs participating in this year: ____ Faith Formation ____ First Communion ____ Confirmation

SACRAMENTAL INFORMATION: (Please fill out all that apply)

➤ Baptism: Date: _____ Parish: _____
Parish Name, City and State

➤ RECONCILIATION: Date: _____ Parish: _____
Parish Name, City and State

➤ EUCHARIST: Date: _____ Parish: _____
Parish Name, City and State

Attended Faith Formation last year at St Mary: ____ yes ____ no (If no, where: _____)

Child #2

First Name: _____ Middle Name: _____ Last Name: _____

Preferred name (nick name): _____

Circle one: Female Male Grade level in fall 2025: _____ DOB: ____/____/____

Circle one: Special Needs* Yes No School attending: _____

Check programs participating in this year: ____ Faith Formation ____ First Communion ____ Confirmation

SACRAMENTAL INFORMATION: (Please fill out all that apply)

➤ Baptism: Date: _____ Parish: _____
Parish Name, City and State

➤ RECONCILIATION: Date: _____ Parish: _____
Parish Name, City and State

➤ EUCHARIST: Date: _____ Parish: _____
Parish Name, City and State

Attended Faith Formation last year at St Mary: ____ yes ____ no (If no, where: _____)