



# Long Beach Middle School Faith Formation

Office 516-432-1320  
Fax 516-897-0566

315 E. Walnut Street, Long Beach, New York 11561

FAMILY LAST NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT # \_\_\_\_\_

TELEPHONE#: \_\_\_\_\_ EMAIL (IMPORTANT print clearly): \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_ TELEPHONE#: \_\_\_\_\_

List Name(s) of Child(ren) Please provide First and Last Name	Date of Birth	Grade	Where Baptized? (What Church)	Receiving Sacrament Yes/No

**PERMISSION FOR CHILD TO LEAVE**

I give my child \_\_\_\_\_ permission to leave the church building and grounds after class and walk home by his/herself. I understand that by signing this consent, I will not be called for verification and my child will be released.

\_\_\_\_\_  
Name of Parent/Guardian (Print)

\_\_\_\_\_  
Signature

**FAITH FORMATION PAYMENT PLANS FOR ST. MARY OF THE ISLE PARISH MEMBERS**

**\*\*SIGN UP FOR ONLINE CONTRIBUTIONS & Faith Formation will be included in your weekly donation - no other fee will be incurred\*\*** - [www.stmaryoftheisle.com](http://www.stmaryoftheisle.com) (click on Donation heading)

**YES!** I will sign up for Online Contributions - I understand I will pay no extra fee for Faith Formation but commit to have donations placed weekly, monthly or yearly on my credit card or come out of an account of my choice. I also understand that I should do this within the first month of the start of the Faith Formation program or I will be billed for the cost of my child attending the program.

**NO!** I prefer to decline Online Contributions at this time and will pay for the Faith Formation Program as listed below:

Grade 6 ,7 & 8 —\$125 for one child, \$175 for 2 children, \$225 for 3 or more children  
Fee for Confirmation \$75 (not included in above pricing)

<b>OFFICE USE ONLY:</b>	
AMT PAID	\$ _____
CASH/CHECK #	# _____

