Epiphany Family Faith Formation
Registration 2025-2026

Is your family registered at Epiphany?
___ Yes ___ No
Register my family at Epiphany using the information provided below:
___ Yes ___ No

_____
Father's *First and Last Name*

_____ _____
Father's email Father's cell#

_____
Mother's *First and Last Name*

_____ _____
Mother's email Mother's cell #

_____
Address City Zip

(Circle "yes" if child named has celebrated baptism or "no" if this child has not celebrated baptism. Do the same for each child and each sacrament listed below:)

Child 1: _____ _____ _____ _____
Age Date of Birth (mm/dd/year) Grade School

Last Name: _____ First Name: _____

Baptism? Yes No First Reconciliation? Yes No First Communion? Yes No Confirmation? Yes No

Child 2: _____ _____ _____ _____
Age Date of Birth (mm/dd/year) Grade School

Last Name: _____ First Name: _____

Baptism? Yes No First Reconciliation? Yes No First Communion? Yes No Confirmation? Yes No

Child 3: _____ _____ _____ _____
Age Date of Birth (mm/dd/year) Grade School

Last Name: _____ First Name: _____

Baptism? Yes No First Reconciliation? Yes No First Communion? Yes No Confirmation? Yes No

2025-2026 Family Faith Formation Fees

Parishioners:
1 child = $30, each additional child add $15 $ _____

Sacramental Preparation fees *(in addition to the above fee)*
First Reconciliation/First Communion = $25 each child $ _____
(*For example, if you have 1 child preparing for First Reconciliation/Communion, the fee is $55. If you are registering 2 children and one is preparing for the sacraments, the cost is $70.*

Total Due by September 1, 2025 $ _____

Register and pay online by visiting https://epiphanycatholicchurch.org/faith
or return the completed form with payment to the parish office.

Questions?
Contact Sheila Murphy,
Director of Faith Formation:
sheila@ecclou.org
502-780-1654 (direct line)

For office use only
Amount pd _____
Check # _____
Date _____

Medical Release

I, the undersigned parent/legal guardian of the aforementioned child/ren listed on this form, understand that Epiphany Catholic Church will make every effort to contact me or another designated adult in the case of an emergency. If they cannot reach me or another designated adult, I give permission that emergency medical treatment may be sought. I release Epiphany Catholic Church, all staff, and all volunteers, from any and all liability which may arise from such an emergency.

_____ _____

Parent Signature Date mm/dd/year

Medical Information

Child 1's first name: _____

_____

Medications/diagnosed medical conditions/food allergies, etc.

_____

Other helpful information

Child 2's first name: _____

_____

Medications/diagnosed medical conditions/food allergies, etc.

_____

Other helpful information

Child 3's first name: _____

_____

Medications/diagnosed medical conditions/food allergies, etc.

_____

Other helpful information

Media Release

Epiphany Catholic Church seeks your permission to take and use photos of your child/ren in the following ways from **July 1, 2025-June 30, 2026**:

____ I do not grant permission. ____ I grant permission for ALL ways listed below.
Or *only those checked below:*

__ *Website only* __*Bulletin only* __ *Brochures only* __ *Display in church only* __ *Classroom only*

_____ _____

Parent Signature Date mm/dd/year