

Epiphany Family Faith Formation
Registration 2026-2027

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 8, 2026

\$ _____

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

Questions?

Contact the Director of Faith
Formation in the parish
offices.

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 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, 2026-June 30, 2027**:

___ 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