

# Archdiocesan School of Lay Formation REGISTRATION FORM

**For Office Use Only**

Date Received: \_\_\_\_\_  
Registration Fee: \_\_\_\_\_  
Check #: \_\_\_\_\_  
Other: \_\_\_\_\_  
Check# \_\_\_\_\_  
Pastor Recommendation \_\_\_\_  
Other Recommendation \_\_\_\_  
Payment Plan: \_\_\_\_\_  
Sponsoring Parish \_\_\_\_\_

**Please indicate your class preference in numerical order.**

St. Brendan H.S., Tuesdays, 7:30 - 9:30 pm  
Spanish \_\_\_\_\_

St. Andrew, Coral Springs, Wednesdays, 7:00 - 9:00 pm  
Spanish \_\_\_\_\_

St. Bartholomew, Thursdays, 7:30 - 9:30 pm  
Spanish \_\_\_\_\_

\_\_\_\_\_ English, ONLINE

\_\_\_\_\_ Spanish, ONLINE

## **Pray \* Learn \* Serve**

**Please mail your registration form with a non-refundable registration fee to:**



**Archdiocese of Miami  
Lay Formation Office  
9401 Biscayne Blvd., Miami Shores, FL 33138**

**Registration fee is \$25.00 until July 31<sup>st</sup> \$50.00 from August 1<sup>st</sup> until the start of classes.**

**For more information please contact us at:  
Office - 305-762-1184 or Fax - 305-762-1298  
Email: [layformation@theadom.org](mailto:layformation@theadom.org) Web: [www.maiamiarch.org/layformation](http://www.maiamiarch.org/layformation)**

please include a  
RECENT PHOTO

1. NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

2. ADDRESS: \_\_\_\_\_  
STREET  
\_\_\_\_\_  
CITY STATE ZIP CODE

3. TELEPHONE: HOME \_\_\_\_\_  
CELL \_\_\_\_\_  
WORK \_\_\_\_\_

4. EMAIL ADDRESS: \_\_\_\_\_

5. DATE OF BIRTH: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_

6. YOUR PRESENT OCCUPATION: \_\_\_\_\_

7. AT WHAT PARISH ARE YOU REGISTERED? \_\_\_\_\_

**SECTION B: SACRAMENTAL INFORMATION**

**1. BAPTISM**

**A. Baptism - ROMAN CATHOLIC**

DATE: \_\_\_\_\_ PARISH: \_\_\_\_\_

CITY, STATE, COUNTRY: \_\_\_\_\_

**B. Baptism - OTHER CHRISTIAN DENOMINATION**

DATE: \_\_\_\_\_ CHURCH: \_\_\_\_\_

RECEPTION INTO THE CATHOLIC CHURCH

DATE: \_\_\_\_\_ PARISH: \_\_\_\_\_

CITY, STATE, COUNTRY \_\_\_\_\_

**2. FIRST COMMUNION**

DATE: \_\_\_\_\_ PARISH: \_\_\_\_\_

CITY, STATE, COUNTRY \_\_\_\_\_

**3. CONFIRMATION**

DATE: \_\_\_\_\_ PARISH: \_\_\_\_\_

CITY, STATE, COUNTRY: \_\_\_\_\_

4. MATRIMONY

A. YOUR CURRENT MARITAL STATUS:

( ) SINGLE ( ) MARRIED

B. IF YOU ARE MARRIED, PLEASE ANSWER 1-4 BELOW.

1. SPOUSE'S NAME \_\_\_\_\_

2. SPOUSE'S RELIGION \_\_\_\_\_

3. DATE OF MARRIAGE \_\_\_\_\_

4. WERE YOU MARRIED IN THE ROMAN CATHOLIC TRADITION? ( ) YES ( ) NO

PARISH NAME: \_\_\_\_\_

CITY, STATE, COUNTRY \_\_\_\_\_

C. IF DIVORCED, HAS YOUR PRIOR MARRIAGE BEEN ANNULLED BY THE CHURCH?

( ) YES ( ) NO

IF NO, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. I HAVE \_\_\_\_\_ CHILDREN.

NAME(S)

DATE OF BIRTH

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION C: EDUCATION**

1. LAST GRADE COMPLETED: *Check one below*

A. \_\_\_ ELEMENTARY: Grade completed (1-8) \_\_\_

B. \_\_\_ HIGH SCHOOL: Grade completed (9-12) \_\_\_

C. \_\_\_ COLLEGE/UNIVERSITY: # of years completed (1-4) \_\_\_ Please Provide Transcript

NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

DEGREE \_\_\_ RECEIVED \_\_\_ PENDING: \_\_\_\_\_

D. \_\_\_ GRADUATE DEGREE: # of courses completed \_\_\_ Please Provide Transcript

NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

DEGREE \_\_\_ RECEIVED \_\_\_ PENDING: \_\_\_\_\_

**SECTION D: COMMUNITY INVOLVEMENT**

1. PLEASE LIST PARISH MINISTRIES IN WHICH YOU HAVE BEEN INVOLVED:

\_\_\_\_\_

2. PLEASE LIST CIVIC ACTIVITIES THAT YOU HAVE BEEN A PART OF: \_\_\_\_\_

\_\_\_\_\_

**SECTION E: PERSONAL**

1. PLEASE DESCRIBE IN YOUR OWN WORDS WHY YOU ARE INTERESTED IN THE ARCHDIOCESAN SCHOOL OF MINISTRY.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. DO YOU HAVE ANY SPECIAL NEEDS WE SHOULD BE AWARE OF? YES \_\_\_ NO \_\_\_  
ILLNESS/PHYSICAL LIMITATION YES \_\_\_ NO \_\_\_  
ALCOHOL/DRUG PROBLEMS YES \_\_\_ NO \_\_\_  
MENTAL ILLNESS YES \_\_\_ NO \_\_\_  
FAMILY PROBLEMS YES \_\_\_ NO \_\_\_

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

\_\_\_\_\_

**ANSWER ONLY IF REGISTERING FOR ONLINE CLASSES – ALL IN-PERSON CLASS REGISTRATIONS CONTINUE TO PART #3 RERECENCES**

1. Do you have access to a computer and internet connection available for your use? Yes \_\_\_ No \_\_\_

2. How often do you use a computer and navigate the internet?

---Always ---Frequently ---Sometimes ---Rarely

3. Rate your capability to use a computer and navigate the internet.

---Excellent ---Good ---Poor

4. Please check the following computer tools/programs you are able to operate (check all that apply):

---Internet ---E-mail ---Microsoft Word ---Google ---Yahoo ---Other

3. REFERENCES:

Must submit two recommendations (see attached forms) to the Archdiocesan School of Lay Formation. **One recommendation must be completed by your Pastor** and the other by a lay person, member of the clergy or religious order.

4. THIS APPLICATION MUST BE SIGNED BY THE CANDIDATE (AND, IF MARRIED, HIS/HER SPOUSE.)

\_\_\_\_\_  
APPLICANTS SIGNATURE DATE

\_\_\_\_\_  
SPOUSE'S SIGNATURE DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

**PLEASE INCLUDE REGISTRATION FEE, RECOMMENDATION FORMS, AND PAYMENT PLAN FORM WITH THIS FORM TO COMPLETE YOUR REGISTRATION PACKET.**