

St. Paul Catholic Church Faith Formation (K-12th) Registration Form 2016-2017 (PLEASE COMPLETE BOTH SIDES)

Family Last Name: _____ Parish ID #: _____ Need to register for parish? _____ Today's Date: _____

Student (s) live with (please circle): Both Parents Mother Father Guardian (Relationship): _____

Home Address: _____ Mother's E-Mail Address: _____

_____ Father's E-Mail Address: _____

Mother's Name: _____ Mother's best phone #: _____

Father's Name: _____ Father's best phone #: _____

IN CASE OF EMERGENCY, and in the event parents or legal guardians cannot be reached, please contact:

Name: _____ Relationship to child(ren): _____

Phone: _____ Permitted to release child(ren): YES NO (circle one)

Please check all that apply below:

- I understand a copy of my child(s) Baptismal Certificate, and all other Sacramental Certificates the student has **already** received, must be on file.
 - I am interested in volunteering as a Catechist/Aide (Tuition is FREE) for _____ grade(s).
 - I have a High Schooler who would like to volunteer with K-8th. Name: _____
 - I authorize and give full consent to photograph my child during parish activities and events. This may be used in the parish bulletin, parish web site or on parish bulletin boards. **I DO NOT AUTHORIZE** the above photography consent.
 - I am enclosing \$75.00 per student for (K-8th) Formation Year Tuition (\$200 Maximum payment/family)**
 - I am enclosing, in addition to the program tuition, \$50.00 per student (receiving a sacrament *this year*) for Sacrament Preparation Tuition.**
 - I understand 2 consecutive years of recent faith formation are required before he/she can receive a Sacrament.
 - I would like to make a tax deductible donation to sponsor a tuition for those unable to pay through:
 - ___ *The tuition for K-8th including Sacramental Preparation. which covers textbooks, resource materials, supplies, retreats and program expenses.*
 - ___ *A High Schooler to attend retreats/ summer trips. (There is no program tuition expense for High School)*
- No family will be turned away due to inability to pay.**

We need to be aware of any special circumstances, custody issues, etc. pertaining to your child(ren). You will be contacted by the Religious Education office to discuss specifics. Please note below:

Signature of Parent / Guardian _____

Print Name: _____

<i>Please check all that apply!</i>	
<input type="checkbox"/>	Religious Education (K-5) # _____ x \$ 75.00 = \$ _____
<input type="checkbox"/>	Middle School (6th-8th): # _____ x \$ 75.00 = \$ _____
<input type="checkbox"/>	First Holy Communion: # _____ x \$ 50.00 = \$ _____
<input type="checkbox"/>	Confirmation: # _____ x \$ 50.00 = \$ _____
Total tuition due: \$ _____ (\$200 Maximum payment/ family)	
<input type="checkbox"/>	Donation: \$ _____
AMOUNT PAID: \$ _____	
<input type="checkbox"/>	Cash <input type="checkbox"/> Check #: _____

Students Information (Please Print)

1. LAST Name _____ FIRST Name _____
Birth Date: ____ / ____ / ____ Age as of 9/15/16: ____ Grade (Fall '16): ____
Gender (*circle one*): Male Female Language: _____
School (2016-2017): _____

SACRAMENTS ALREADY RECEIVED BY CHILD:

Baptism	Yes	No	Copies of Sacramental Certificates already received need to be on file with St. Paul Catholic Church.
First Reconciliation	Yes	No	
First Holy Communion	Yes	No	
Confirmation	Yes	No	

Previous Religious Education Completed: _____
Any allergies, medications, medical problems, etc. we should know about?

2. LAST Name _____ FIRST Name _____
Birth Date: ____ / ____ / ____ Age as of 9/15/16: ____ Grade (Fall '16): ____
Gender (*circle one*): Male Female Language: _____
School (2016-2017): _____

SACRAMENTS ALREADY RECEIVED BY CHILD:

Baptism	Yes	No	Copies of Sacramental Certificates already received need to be on file with St. Paul Catholic Church.
First Reconciliation	Yes	No	
First Holy Communion	Yes	No	
Confirmation	Yes	No	

Previous Religious Education Completed: _____
Any allergies, medications, medical problems, etc. we should know about?

3. LAST Name _____ FIRST Name _____
Birth Date: ____ / ____ / ____ Age as of 9/15/16: ____ Grade (Fall '16): ____
Gender (*circle one*): Male Female Language: _____
School (2016-2017): _____

SACRAMENTS ALREADY RECEIVED BY CHILD:

Baptism	Yes	No	Copies of Sacramental Certificates already received need to be on file with St. Paul Catholic Church.
First Reconciliation	Yes	No	
First Holy Communion	Yes	No	
Confirmation	Yes	No	

Previous Religious Education Completed: _____
Any allergies, medications, medical problems, etc. we should know about?

Check 1 = 1st choice and 2 = 2nd choice sessions below:

____ Grades K-5 Weekly Options (Check day and time below):

Sundays	10:15 AM - 11:30 AM	_____
Mondays	4:15 PM - 5:30 PM	_____
Tuesdays	6:00 PM - 7:15 PM	_____

____ Grades 6-8 Weekly Options (Check day and time below):

Mondays	5:30 PM - 7:30 PM	_____
Wednesdays	5:30 PM - 7:30 PM	_____

____ Grades 9-12 The Rock Youth Ministry

Sundays	6:30 PM - 8:30 PM	_____
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To add more children, please complete an additional registration form.