

OFFICE USE ONLY
DATE: _____
AMT. PD.: _____
CK#: _____

2010 – 2011 Student Registration Form

All families must be registered with the Parish to receive Faith Formation services

Family Name: _____ Parish Envelope ID# _____

Father's Name: _____ Mother's Name: _____

Father's Religion: _____ Mother's Religion: _____

Marital Status: Married Divorced Single Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Father's Cell: _____ Mother's Cell: _____

E-mail: _____

(This field is necessary because we will be communicating with parents by e-mail whenever possible.)

Emergency Contact Information:

Name: _____ Relationship to child: _____

Address: _____

Home Phone: _____ Cell: _____

Name of Physician: _____ Phone: _____

Medical Insurance Company: _____ Policy #: _____

If the legal guardian and/or emergency contact cannot be reached, the bearer of this form is authorized to act on my behalf to seek medical treatment as they deem necessary for the child(ren) listed on this registration.

Yes No Parent Signature: _____

Other: I give my permission for my child(ren)'s pictures to be used in all parish and diocesan publications.

Yes No Parent Signature: _____

Classes: (please circle one choice for each age group)

Storytime	Sunday	9:30am	or	11:30am
Grades 1 – 6	Tuesday	4:30 – 5:45pm	or	6:15 – 7:30pm
	Wednesday	4:30 – 5:45pm	or	6:15 – 7:30pm
Confirmation	Sunday	10:00 – 11:00am	or	6:30 – 7:45pm
RCIA for Children Yr 1	Wednesday	6:15 – 7:30pm	or	Sunday 10:00 – 11:00am
RCIA for Children Yr 2	Wednesday	6:15 – 7:30pm	or	Sunday 10:00 – 11:00am
RCIA for Teens	Sunday	10:00 – 11:00am		

Fees: (After August 23, 2010 - there is a \$20.00 late registration fee for each child)

Storytime	\$25.00 per child	\$40.00 per family	Catholic School	\$30.00 per child
Grades 1,3,4,5,6,7	\$50.00 per child		RCIA for Children - year 1	\$50.00 per child & Teen
Sacramental Year (2 & 8)	\$70.00 per child		RCIA for Children - year 2	\$70.00 per child & Teen

Baptism Certificates are required before students can enter classes and for reception of the Sacraments. Please make sure the Faith Formation office has a copy on file. First Communion certificates are also required for the reception of the Sacrament of Confirmation.

1. **Student's Full Name:** _____ Male: ____ Female: ____
Nick Name: _____ DOB: _____
Birth Father's Name: _____ Birth Mother's Name: _____
Relationship to Guardian: _____ Age: _____
Grade this September: _____ Birthplace: _____
School: _____
Allergies/Medical/Special Instructions for Disabilities: _____

Baptism Baptism Name: _____ Date: _____
Church Name: _____
City: _____ State: _____ Zip Code: _____

Reconciliation Date: _____ Church Name: _____
City: _____ State: _____ Zip Code: _____

First Eucharist Date: _____ Church Name: _____
City: _____ State: _____ Zip Code: _____

2. **Student's Full Name:** _____ Male: ____ Female: ____
Nick Name: _____ DOB: _____
Birth Father's Name: _____ Birth Mother's Name: _____
Relationship to Guardian: _____ Age: _____
Grade this September: _____ Birthplace: _____
School: _____
Allergies/Medical/Special Instructions for Disabilities: _____

Baptism Baptism Name: _____ Date: _____
Church Name: _____
City: _____ State: _____ Zip Code: _____

Reconciliation Date: _____ Church Name: _____
City: _____ State: _____ Zip Code: _____

First Eucharist Date: _____ Church Name: _____
City: _____ State: _____ Zip Code: _____

3. **Student's Full Name:** _____ Male: ____ Female: ____
Nick Name: _____ DOB: _____
Birth Father's Name: _____ Birth Mother's Name: _____
Relationship to Guardian: _____ Age: _____
Grade this September: _____ Birthplace: _____
School: _____
Allergies/Medical/Special Instructions for Disabilities: _____

Baptism Baptism Name: _____ Date: _____
Church Name: _____
City: _____ State: _____ Zip Code: _____

Reconciliation Date: _____ Church Name: _____
City: _____ State: _____ Zip Code: _____

First Eucharist Date: _____ Church Name: _____
City: _____ State: _____ Zip Code: _____

Special Requests: _____