

Family Formation Registration (Grades K-6)



Family Name: _____ Parent(s) First Name(s): _____

Street Address: _____ City: _____ Zip: _____ Registered Parish: _____

Primary Telephone: (____) _____ Secondary Telephone: (____) _____ Email Address: _____

Child's Name	Grade in Sep. '18	Gender		Birthdate	Allergies/Special Needs?	Please Select Location/Time		Sacraments
		M	F			St. Eliz. Ann Seton (1st Sun. 10:45-12:15)	Sts. Peter & Paul (1st Wed. 6:30-8)	1st Sacraments (Gr. 2)

Please list the names and ages of any nursery children (no fee): _____

Registration Fees: Checks/fees must be paid to the parish the child will attend classes at. Families who are enrolling at more than one location will need to write more than one check.

Early Bird (\$45/child) Due: **June 10, 2018** On-Time (\$55/child) Due: **July 15, 2018** After July 15, Late Registration (\$65/child)

Please note the family registration maximum fee is 3 children (not including Sacramental Prep Fees). Families with more than 3 children can register their additional children at no further cost. Family Max applies to Family Formation and Lifeteen.

Additional Sacrament Prep Fee (First Sacraments (2nd Grade): \$20 (not waived by family max)

*I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in Faith Formation and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the Faith Formation Team, or other associated volunteers of the Faith Formation program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, and Parish from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of Faith Formation.

**Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during Faith Formation or for future advertisement of Parish Faith Formation Program including social media. Any other use will require your further consent.

Parent / Guardian Signature

Date

Office Use Only - Date Paid: _____ Check #: _____ Baptismal Certificate on File: _____

“As each one has received a gift, use it to *serve one another* as good stewards”

~ 1 Peter 4:10

~ All families are asked to contribute to the success of our Family Formation program. Please prayerfully consider where your gifts are best suited and rank your top 5 choices. If no preferences are indicated, we will assume you'd like to serve where the greatest need is. ~

Most jobs are divided into Fall and Spring. Where applicable, please indicate if you prefer to serve for fall or spring

If you have questions or would like a description of any of the options, please let us know.

Rank (1-5)	Jobs	Fall (Oct.-Jan.)	Spring (Feb.-May)
	Classroom Lesson Assembly		
	Home Lesson Assembly		
	Principal		
	Home Lesson Distribution		
	Memory Prayer Tester		
	Catechist (Grade Preference ____)	XXXXX	XXXXX
	Assistant - Teen or Adult (Grade Preference ____)	XXXXX	XXXXX
	Nursery Care - Teen or Adult	XXXXX	XXXXX
	Bulletin Board		
	Substitute	XXXXX	XXXXX
	Parent Meeting Host		
	Small Group Leader		
	First Sacrament Coordinator		
	Speaker Set-Up		
	Supply Box Refill (To be done once prior to first class)		XXXXX

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