

Date Received _____ Reg # _____ Family ID # _____ Check# _____ Amount _____

FAITH FORMATION REGISTRATION 2008-2009

**EARLY BIRD
REGISTRATION
BEFORE
MAY 29**

Family Name _____ Home Phone _____

Address _____ City _____ Zip _____

Father's Name _____ Cell Phone _____ Email _____

Mother's Name _____ Cell Phone _____ Email _____

Are you new to our Faith Formation Program? Yes No Is a member of your family a teacher/catechist? Yes No

Child's name	Called by	Sex	Date of Birth	School	Grade Fall 2008	Sacraments received to date				Registering for Sacrament	1st choice Track	2nd choice Track	3rd choice Track
						Baptism	1st Recon.	1st Euch.	Confirm				

Faith Formation Fees:

- After July 31 a \$25 late fee per family
(No student will be turned away due to financial circumstances. Scholarships and payment options are available. Please see a staff member for details)

Early Bird Registration (by May 29)

- 1 child \$65
- 2 children \$105
- 3 or more \$120

Regular Registration (May 30-July 31)

- 1 child \$75
- 2 children \$115
- 3 or more \$130

Home School Registration (by July 31)

- 1 child \$60
- 2 children \$75
- 3 or more \$90

Time Tracks Available

- Sunday
 S 9:45 am PK – 5
 S 11:15 am PK – 5
 S 6:15 pm 4th – 8th.& H.S. only
- Monday
 M 5:30 pm PreK – 5 & Special needs

Special Sacrament Program Fees

- (Additional Program registration necessary)
- 1st Reconciliation Class \$25
 - 1st Eucharist Class \$25
 - Confirmation (10th grade) \$175
 (Includes materials and retreat)
 - RCIC for Baptism, Euch, Conf _____

Please see the reverse side for additional
Special Needs and
Home Schooling registration

Payment Worksheet

Date Registering _____

Number of children _____ \$ _____

Late Fee (after July 31) \$ _____

Special Program fee(s) \$ _____

Amount Payment Due \$ _____

(forms without full payment are processed last unless prior arrangements have been made)

Please attach before submitting:

- Payment
- Medical Form (per student)
- Sacramental Certificates
 (if necessary)
- Sacramental preparation forms
 (if necessary)

SPECIAL NEEDS STUDENTS

RESOURCE SUPPORT/ HEALTH (ALLERGIES, ETC.)

Name _____

Grade _____

Explanation of need

Name _____

Grade _____

Explanation of need

HOME SCHOOLING

Name _____

Grade _____

Materials Needed:

Name _____

Grade _____

Materials Needed
