

ST. JOSEPH/ST. STEPHEN FAITH FORMATION REGISTRATION
PLEASE COMPLETE AND RETURN BEFORE SEPTEMBER 1

FAMILY LAST NAME:

CHURCH YOU REGULARLY ATTEND:

FAMILY ADDRESS:

FAMILY EMAIL ADDRESS:

Additional Email:

SCHOOL ATTENDED:

MOST REACHABLE PHONE:

ALTERNATE PHONE:

MOTHER'S FULL NAME INCLUDING MAIDEN:

FATHER'S FULL NAME:

MARITAL STATUS:

EMERGENCY PICK UP NAME AND PHONE NUMBER:

PLEASE PUT ALL CHILDREN ON ONE FORM. USE THE BACK IF NECESSARY. PRE-K STUDENTS MUST BE 4 BY OCT 2017

STUDENT'S FULL NAME	DATE & PLACE OF BIRTH	GRADE IN FALL 2017	BAPTISM PLACE AND DATE	SACRAMENTS NEEDED	SPECIAL NEEDS/ALLERGIES/MEDS?
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FEES:

SACRAMENTAL STUDENTS: (INCLUDING 2ND, 9TH, AND 10TH: \$40

ALL OTHER STUDENTS: \$20. THE MAX PER FAMILY IS CAPPED AT \$65. NO STUDENT IS EVER TURNED AWAY

CATECHIST'S (TEACHER) CHILDREN ARE FREE

Our program is ALL VOLUNTEER—where can you help?

Catechist & Grade

Classroom Assistant

On-call Sub

Workshop Aide

Hall Monitor

Parent Contract (Please read and initial)

- _____ *I will attend Mass with my students on a regular basis*
- _____ *I understand that there are additional sessions for sacramental Prep*
- _____ *I will call the Faith Formation Office if my student will be absent*
- _____ *I understand that there will not be class on city snow days (Mondays only)*
- _____ *I have received a copy of the Family Handbook and will read same*
- _____ *I give my permission for my students to be photographed for parish purposes only (if not permitted we will not use)*

Parent Signature: