

2010-2011 Faith Formation Registration

Pre-K through 5th **(Sunday 11:00am – 12:00pm)**

Jr. High 6, 7, & 8 EDGE **(Sunday 11:00am – 12:00pm)**

LIFE TEEN High School **(Life Teen Mass 5:00pm, Life Nights 6-8:00pm)**

Family Last Name _____ Home Phone _____

Address _____ Zip _____

Head of Household _____ Work Phone _____

Emergency Contact _____ Phone _____

Family email _____

Please provide the following information for each person registering.

Child Name	Birth Date	Grade 2010-2011	Baptism received	1 st Comm received	Penance received	Confirm received

Sacramental Preparation programs are in addition to regular Faith Formation attendance. Call Parish office for more information.

Special Needs: _____

Medical Release on Back Must be completed Annually

Mass Schedule		Saturday 5:30pm		
Sunday	8:00am,	10:00am,	12:15pm	5:00pm

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Each parent should plan to help in some way, as a Core member, Catechist or food team for Sunday nights. Your role is vital. Please sign and you will be contacted.

Name

All parish volunteers in any capacity must view the video on Archdiocesan sexual misconduct policy and be trained in Child Lures Prevention. Volunteers will be asked to complete the Authorization and Release Form for Criminal Background Searches.

There are no exceptions.

Child Care is available for adult faith formation volunteers

A payment plan is available and no child will be denied instruction because of fees. General registration will be accepted any time in the church office during the summer.

Elementary Fee PK – 5 th Only grade Pk-5 th same family	\$40 for 1	\$65 for 2	\$85 for 3 or more	
Middle School Edge 6, 7, 8th	\$50	Each 6th, 7th, 8th		X
LIFE TEEN	\$50	Each 9 th , 10, 11, & 12th		X
			Total	
<i>For Office Use Only:</i> Parish Family Envelope ID#				
Amount Due:	Amount Paid:	Check #	Cash	

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release is intended for April 2010 – August 2011. This release form is completed and signed of own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed _____ date _____

(Father, mother, legal guardian)

cell phone _____

Family Physician: _____ phone: _____

Specific medical allergies, chronic illnesses or other condition: _____
