

FAITH FORMATION REGISTRATION FORM 2010 – 2011

SAINT THÉRÈSE OF CARMEL CATHOLIC CHURCH

Our first session will be the week of September 26

For office use only:
Reg Fee \$ _____
Check # _____
Cash _____
Date Received _____
Baptism Copy Yes/No

TODAY'S DATE: _____

FAMILY NAME: _____ ENVELOPE #: _____

Families must be registered with the parish before form is processed.

HOME ADDRESS: _____

CITY: _____ ZIP: _____ HOME PHONE () _____

FAMILY E-MAIL ADDRESS: _____

This is the primary means of communication between the office of faith formation and your family.

CHILD(REN) LIVING WITH: () BOTH PARENTS () MOTHER () FATHER () JOINT CUSTODY () GUARDIAN

FATHER/GUARDIAN: _____ RELIGION _____
FIRST LAST

CELL () _____ WORK () _____

MOTHER/GUARDIAN: _____ / _____ RELIGION _____
FIRST LAST MAIDEN

CELL () _____ WORK () _____

STUDENT #1: LAST _____ FIRST _____ MALE/FEMALE

STUDENT EMAIL: _____ CELL () _____

DATE OF BIRTH ____/____/____ GRADE IN SEPTEMBER 2010 ____

DATE OF BAPTISM ____/____/____ BAPTISMAL CHURCH NAME _____

BAPTISMAL CHURCH ADDRESS _____

HAS THIS STUDENT RECEIVED THE SACRAMENT OF RECONCILIATION? Y / N FIRST EUCHARIST? Y / N

PREVIOUS RELIGIOUS EDUCATION? Y / N CHURCH/CATHOLIC SCHOOL ADDRESS _____

ANY HEALTH OR LEARNING PROBLEMS? Y / N _____

DOES YOUR CHILD ATTEND SPECIAL EDUCATION CLASSES IN SCHOOL? Y / N

STUDENT #1 CLASS REQUEST (please circle both day and grade request):

SUNDAY 7:00PM – 8:30 PM GRADE: 8 – 9; 10 – 11 (PRE-CONFIRMATION); 11 – 12 (CONFIRMATION)

MONDAY 4:15 – 5:30 PM GRADE: 1 – 2 – 3 – 4 – 5

MONDAY 6:30 – 7:45 PM GRADE: 6 – 7 – 8 – 9

THURSDAY 4:15 – 5:30 PM GRADE: 1 – 2 – 3 – 4 – 5 – 6 – 7

We depend on YOU to keep our program alive. In which area are you able to volunteer?

- ___ I would like to be a lead Catechist/Teacher. (Sun / Mon / Thurs)
 - ___ I would like to be a Catechist/Teacher but will need a partner. (Sun / Mon / Thurs)
 - ___ I would like to be a weekly aide in the classroom (Mon / Thurs)
 - ___ I would like to be a weekly office volunteer. (Mon / Tues / Wed / Thurs / Fri)
 - ___ I would like to volunteer with Youth Ministry events
 - ___ I can serve as safety helper before classes (Mon / Thurs)
 - ___ I can assist weekly with traffic at dismissal (Mon 5:30 / Mon 7:45 / Thurs)
 - ___ I can babysit Catechists' children at the 4:15 session in the Parish Center (Mon / Thurs)
- Other gifts I have that I would like to share: _____

STUDENT #2: LAST _____ FIRST _____ MALE/FEMALE

STUDENT EMAIL: _____ CELL () _____

DATE OF BIRTH ____/____/____ GRADE IN SEPTEMBER 2010 ____

DATE OF BAPTISM ____/____/____ BAPTISMAL CHURCH NAME _____

BAPTISMAL CHURCH ADDRESS _____

HAS THIS STUDENT RECEIVED THE SACRAMENT OF RECONCILIATION? Y / N FIRST EUCHARIST? Y / N

PREVIOUS RELIGIOUS EDUCATION? Y / N CHURCH/CATHOLIC SCHOOL ADDRESS _____

ANY HEALTH OR LEARNING PROBLEMS? Y / N _____

DOES YOUR CHILD ATTEND SPECIAL EDUCATION CLASSES IN SCHOOL? Y / N

STUDENT #2 CLASS REQUEST (please circle both day and grade request):

SUNDAY 7:00PM – 8:30 PM GRADE: 8 – 9; 10 – 11 (PRE-CONFIRMATION); 11 – 12 (CONFIRMATION)

MONDAY 4:15 – 5:30 PM GRADE: 1 – 2 – 3 – 4 – 5

MONDAY 6:30 – 7:45 PM GRADE: 6 – 7 – 8 – 9

THURSDAY 4:15 – 5:30 PM GRADE: 1 – 2 – 3 – 4 – 5 – 6 – 7

STUDENT #3: LAST _____ FIRST _____ MALE/FEMALE

STUDENT EMAIL: _____ CELL () _____

DATE OF BIRTH ____/____/____ GRADE IN SEPTEMBER 2010 ____

DATE OF BAPTISM ____/____/____ BAPTISMAL CHURCH NAME _____

BAPTISMAL CHURCH ADDRESS _____

HAS THIS STUDENT RECEIVED THE SACRAMENT OF RECONCILIATION? Y / N FIRST EUCHARIST? Y / N

PREVIOUS RELIGIOUS EDUCATION? Y / N CHURCH/CATHOLIC SCHOOL ADDRESS _____

ANY HEALTH OR LEARNING PROBLEMS? Y / N _____

DOES YOUR CHILD ATTEND SPECIAL EDUCATION CLASSES IN SCHOOL? Y / N

STUDENT #3 CLASS REQUEST (please circle both day and grade request):

SUNDAY 7:00PM – 8:30 PM GRADE: 8 – 9; 10 – 11 (PRE-CONFIRMATION); 11 – 12 (CONFIRMATION)

MONDAY 4:15 – 5:30 PM GRADE: 1 – 2 – 3 – 4 – 5

MONDAY 6:30 – 7:45 PM GRADE: 6 – 7 – 8 – 9

THURSDAY 4:15 – 5:30 PM GRADE: 1 – 2 – 3 – 4 – 5 – 6 – 7

IN CASE OF EMERGENCY, IF YOU ARE UNABLE TO REACH ME, PLEASE CONTACT:

NAME: _____ PHONE: _____ RELATIONSHIP: _____

I HEREBY AUTHORIZE ST. THÉRÈSE OF CARMEL FAITH FORMATION PERSONNEL AND VOLUNTEERS TO PROVIDE MEDICAL TREATMENT FOR MY CHILD IF I CANNOT BE REACHED.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Registration Fee for Sessions:

One Child: \$125 Two children: \$225 Three children: \$300 Four children: \$350

Saint Therese of Carmel requests an offering of \$50 per Sacrament received.

If your child is making **1st Communion/1st Reconciliation** in 2011 please **add \$100**

If your child is making **Confirmation** in 2011 please **add \$50**

+++ **Catechists and weekly volunteers receive a 50% discount** +++