

St Jude Thaddeus Church

2017-2018 Faith Formation REGISTRATION

PAYMENT AND REGISTRATION FORM

DUE: ON OR BEFORE April 29, 2017

Bring to Office of Faith Formation in Parish Center.

FAMILY LAST NAME: _____

FATHER'S LAST NAME: _____ **FIRST NAME:** _____

MOTHER'S NAME: _____ **FIRST NAME:** _____
(Maiden) (Last)

Address: _____

Home Phone: _____ **Primary Cell:** _____

Mother E-mail: _____ **Father E-mail:** _____

Please put an (*) next to primary e-mail for communication.

Mother's Religion: _____ **Father's Religion** _____

EMERGENCY CONTACT INFORMATION

Mother's Business Phone: _____ **Father's Business Phone:** _____

Mother's Cell Phone: _____ **Father's Cell Phone:** _____

Additional Emergency Contact Name: _____ **Relation to child** _____

Emergency Contact Phone/Cell: _____

VOLUNTEER OPPORTUNITIES

Please check all areas that you are considering. We welcome your participation in the program.

Catechist **Co-Catechist** **Youth Aide (7-12th graders assist in classroom)** **Substitute Catechist**

Safety Monitor/Office Helper - Available during class hours **Occasional Assistance – Special Projects, Events**

Name: _____ **Phone:** _____ **E-mail** _____

*For youth aide volunteers, please write youth's name and grade and include parent's phone and e-mail.

FAMILY NAME _____

2017-2018 St. Jude Thaddeus Faith Formation Registration (Gr. 1-8)

Date Received: _____

Check # _____ Amount Paid _____

REGISTERING FOR GRADES 1-4 Circle the time and day of the week you would like your child to attend

Child's First And Last Name	Grade Sept 2017	Date Of Birth	Class Time Circle one	Preferred Class Day Circle One	School Child Will Attend in Fall 2017	Special Needs: Allergies/Medical Conditions, Learning Disabilities Please use separate page if needed.	Did child attend Faith Formation Class in 2017
1			8:40or11:00 4:30 pm	Sunday or Wednesday			Yes <input type="checkbox"/> No <input type="checkbox"/>
2			8:40or11:00 4:30 pm	Sunday or Wednesday			Yes <input type="checkbox"/> No <input type="checkbox"/>
3			8:40or11:00 4:30 pm	Sunday or Wednesday			Yes <input type="checkbox"/> No <input type="checkbox"/>

REGISTERING FOR GRADES 5-8 Circle the time and day of the week you would like your child to attend

Child's First And Last Name	Grade Sept 2017	Date of Birth	Class Time Circle one	Preferred Class Day Circle one	School Child Will Attend in Fall 2017	Special Needs: Allergies/Medical Conditions, Learning Disabilities Please use separate page if needed.	Did child attend Faith Formation Class in 2017
1			6:00 pm 7:15 pm	Sunday Wednesday			Yes <input type="checkbox"/> No <input type="checkbox"/>
2			6:00 pm 7:15 pm	Sunday Wednesday			Yes <input type="checkbox"/> No <input type="checkbox"/>

Make checks payable to: St. Jude Church

Tuition Fees:

- One Child - \$150.00
- Two Children - \$225.00
- Family - \$275.00

GRADE 2 ONLY – Add Sacrament Fee \$25

Tuition payment is expected at time of registration. Families experiencing financial difficulties are encouraged to contact the Director of Christian Faith Formation to discuss. Finances should never come in the way of a child's participation in our Faith Formation program.

Photo Release: I give permission for my child/ren to be photographed during class times and other program events. I understand that these images may be used in a display inside church property and/or posted on the parish website, and/or may be submitted to local newspapers.

Parent Signature: _____

Date: _____

COMPLETE FOR ALL CHILDREN REGISTERING FOR FAITH FORMATION CLASSES FOR THE FIRST TIME

A copy of your child's Baptismal certificate must be submitted to the Christian Faith Formation Office.

SACRAMENT HISTORY

CHILD'S INFORMATION

Child's First Name	Child's Middle Name	Child's Last Name
Baptismal Date	Church Name	City and State
First Reconciliation Date	Church Name	City and State
First Eucharist Date	Church Name	City and State

CHILD'S INFORMATION

Child's First Name	Child's Middle Name	Child's Last Name
Baptismal Date	Church Name	City and State
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