

St Jude Thaddeus Church
Grade 1- 8
2020-2021 Faith Formation REGISTRATION

**REGISTRATION FORM AND TUITION FEE DUE
ON OR BEFORE AUGUST 1, 2020**

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 _____

2020-21 St. Jude Thaddeus Faith Formation Registration (Gr. 1-8)

Date Received: _____

Check # _____ Amount Paid _____

Circle the time and day of the week you would like your child to attend

REGISTERING FOR GRADES 1-4

Child's First & Last Name	Grade Sept 2020	Date Of Birth	Preferred Class Day		School Child Will Attend in Fall 2020	Special Needs: Allergies, Medical Conditions, Learning Disabilities Please use separate page if needed.	Did child attend Faith Formation Class in 2019/20
			Circle One				
1			Sunday 8:30-9:45AM	Wednesday 4:30-5:30PM			Yes <input type="checkbox"/> No <input type="checkbox"/>
2			Sunday 8:30-9:45AM	Wednesday 4:30-5:30PM			Yes <input type="checkbox"/> No <input type="checkbox"/>
3			Sunday 8:30-9:45AM	Wednesday 4:30-5:30PM			Yes <input type="checkbox"/> No <input type="checkbox"/>

Circle the time and day of the week you would like your child to attend

REGISTERING FOR GRADES 5-8

Child's First & Last Name	Grade Sept 2020	Date Of Birth	Preferred Class Day		School Child Will Attend in Fall 2020	Special Needs: Allergies, Medical Conditions, Learning Disabilities Please use separate page if needed.	Did child attend Faith Formation Class in 2019/20
			Circle One				
1			Sunday 6:00-7:30PM	Wednesday 7:00-8:30PM			Yes <input type="checkbox"/> No <input type="checkbox"/>
2			Sunday 6:00-7:30PM	Wednesday 7:00-8:30PM			Yes <input type="checkbox"/> No <input type="checkbox"/>

Make checks payable to: St. Jude Church

Mail to St. Jude Church Office of Faith Formation, 17 Mt. Olive Rd., Budd Lake, NJ 07828

Tuition Fees:

- OneChild-\$150.00
- TwoChildren-\$225.00
- Family-\$275.00
- GRADE2ONLY-Add SacramentFee \$25

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 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
First Reconciliation Date	Church Name	City and State
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