

St. Patrick- St. Anthony Faith Formation Registration 2017-2018

Name/Address Information

Parent(s)/Guardian(s) _____
 (with whom child lives) Last Father's First Mother's First Mother's Last if different

Address - _____ Phone _____
 Street City Zip

Email Address: _____ Emergency contact: Name and Phone Number _____

Are you a registered member of this parish? Yes ___ No ___ If no, where are you registered _____

Children with special needs: please explain any physical, emotional, learning disabilities, allergies, etc. _____

<u>CREW (Grades 1st-4th)</u>		<u>Monday OR Wednesday 4:15-5:30 p.m.</u>			(Please check one box)	
Student First & Last Name	Grade & School	Gender	Date of Birth	Monday	OR	Wednesday

Childcare, Preschool & Kindergarten available for specific CREW volunteer roles only. Please see Rebecca Chicklon

<u>Middle School ROCK (Grades 5th & 6th)</u>		<u>Tuesday 7:00-8:15 p.m.</u>			
Student First & Last Name	Grade & School	Gender	Date of Birth		

<u>Middle School EDGE (Grades 7th & 8th)</u>		<u>Wednesday 7:00-8:15 p.m.</u>			
Student First & Last Name	Grade & School	Gender	Date of Birth		

<u>High School (Grades 9th & 12th)</u>		<u>LifeTeen Sunday 7:00 p.m.</u>		<u>Focus Group Wednesday 8:30 p.m.</u>	
(Please check one or both boxes. There is no extra charge for participating in both groups!)					
Student First & Last Name	Grade & School	Gender	Date of Birth	LifeTeen	Focus Group

Please complete the other side

**PLEASE COMPLETE CHILD'S INFO BELOW
IF preparing for First Communion or Confirmation**

Child's Last Name _____ First Name _____ Middle Name _____

Birthplace City _____ State _____ Date of Birth _____ Age _____

Church of Baptism _____ City _____ State _____ Date of Baptism _____

Current address _____ City _____ State _____ Zip _____

Father's FULL name _____

Mother's FULL name (include MAIDEN) _____

_____ Check here if your child was baptized at St. Patrick-St. Anthony Parish

**PLEASE ATTACH COPY OF BAPTISM CERTIFICATE
(If your child was baptized in another Church)**

Registration Fees

\$70.00 for the first child
\$60.00 for the second
\$50.00 for the third
 No charge for the fourth or more
 Max \$180.00 per family

Additional Fees

\$30.00 for First Eucharist & First Reconciliation (2nd Grade)
\$30.00 for Confirmation (8th Grade)

****Office Use Only****

Total Owed _____

Amount Paid: _____

Check _____

Cash

Today's Date: _____

FAITH FORMATION VOLUNTEER

Place a check next to the box in the area you are interested in volunteering:

CREW

ROCK

EDGE

LifeTeen

Focus Group

Name _____ email address _____ Phone # _____

Have you participated in the VIRTUS Training Program (Protecting God's Children) Yes No

PHOTO RELEASE

I understand that through their participation in the St. Patrick-St. Anthony Faith Formation Program my child(ren) listed on this registration may be photographed for use in promotion of parish programs.
 As parent/legal guardian **I DO NOT** want my child(ren) photographed.

Parent opt out signature _____ Date _____ Check if online signature _____