

Family Last Name _____

Faith Formation Program Registration Form for the Good Shepherd Cluster

Site: St. John's School of Religion & Faith Formation

Year 2018-2019

<i>Father's Full Name</i>	<i>Religion</i>
<i>Mother's Full Name</i>	<i>Religion</i>
<i>Mother's Maiden Name</i>	
<i>Address (of custodial parent)</i>	<i>City</i>
<i>State/Zip</i>	<i>E-mail</i>
<i>Home Phone</i>	<i>Other Phone</i>
<i>Non-custodial Parent (if applicable)</i>	<i>Religion</i>
<i>Address</i>	<i>City</i>
<i>State/Zip</i>	<i>E-mail</i>
<i>Home Phone</i>	<i>Other Phone</i>
EMERGENCY CONTACT	Relationship
Home Phone	Other Phone

<i>Children/Youth to Register First, Middle, Last Name Please</i>	<i>Birth Date</i>	<i>Gender</i>	<i>Age</i>	<i>Grade</i>	<i>Baptism</i>	<i>Reconciliation</i>	<i>Communion</i>	<i>Confirmation</i>
1.					<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>
2.					<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>
3.					<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>
4.					<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>
5.					<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>

Please list all persons living in your home:

Do any of the children enrolled have chronic illnesses or physical limitations? Yes No

Do any of the children have any type of learning difficulty? Yes No

Do any of the children attend special education classes or utilize a 504 or IEP Plan in the public school? Yes No

If yes to any of these questions, please give the name of the child, any information we made need, and how we can help:

If you are new to our program, please indicate level of prior Faith Formation training and any other information you feel would help us in working with your child/children:

REGISTRATION FEE is \$125. St. John's/\$60. Faith Formation/ student + sacramental fee, if applicable. Additional fees may be collected for retreats, rallies, and/or field trips as necessary.

SACRAMENTAL PREPARATION: There is an additional sacramental fee of \$40.00 /sacrament. First Reconciliation & First Eucharist:

_____ will be preparing for the
Sacraments of Reconciliation & Eucharist.

Confirmation: There is an additional sacramental fee of \$75.00

_____ will be preparing for the
Sacrament of Confirmation.

For Internal Use Only:

Amount Paid _____ **Date Paid** _____

Cash/Check _____

Sacramental Fee (if applicable) _____

Plans for Future Payment:

Consent Forms

Dual Parent Reporting

Archdiocesan Policy #5124 states, "Unless otherwise decreed in the Order of Dissolution, information commonly made available to parents of any student in attendance (i.e., notices of school/catechetical program functions, report cards, appointments for parent-teacher conferences) should be provided to both parents."

In the case of a child whose parents are in separated circumstances, a follow-up form will need to be completed and returned.

___ Please send a form to complete and return.

Media Release and Authorization

I understand that by signing this Release and Authorization I hereby grant authority to _____ for the use of any videotapes, photographs, or (parish/cluster) similar items in which my child/children might appear, or statements made by them, in the production, display or sale of public service announcements.

Parent/Guardian signature

Date