Christ the Redeemer Parish
Faith Formation Registration 2018-2019

Grade Level _____   July 9-13_____ July 23-27_____
Sunday 9:30am-10:45am____ Monday 6:15pm-7:30pm____ Family Session_____

Last Name: First Name:

Street Address: City/State/Zip

Date of Birth:_____ Grade entering: _____   City & State of Birth:_____

Telephone Number:_____ E-mail Address: _____
Cell Phone:_____

Father:_____   _____   _____
            Last Name   First Name   Religion
            _____   _____   _____
            Address (if different)   City/State/Zip   Telephone

Mother: _____   _____   _____
            Maiden Name   First Name   Religion
            _____   _____   _____
            Address (if different)   City/State/Zip   Telephone

Sacraments: Date of Baptism:_____   Church of Baptism: _____
                                                                    City/State:_____

Family Registered in Parish?_____
Copy of Certificate required if not baptized at this parish

Fee for Summer $215.00 Per Child/Per Grade
Fee for Fall: $115.00 per child; $165.00 for two children in same family;$190.00 three or more children same family

Photo Release:_____ I **consent**/ _____ I **do not consent** to my child being photographed, filmed, or interviewed for purposes of promoting Faith Formation activities in the Star Herald, or local newspapers, and any parish publication including but not limited to press releases, bulletins, newsletters, brochures, videos, computer images, and web pages.
_____ (Parent/Guardian Initials)

Please list an emergency telephone number and relationship to the child if the parent is not available
_____   _____
      Full Name   Relationship to child
_____   _____
      Address   Telephone Number

_____   _____
      Parent Signature   *Date*

Office Use :
Payment Received_____ Date:_____Cash _____ Check#_____

Allergies <u>Please list on Back</u>___   *Academic Difficulties <u>Please list on Back</u>*

Faith Formation Responsibilities:

In enrolling my child _____ in Faith Formation, I hereby commit to bring my child to **SIX (6)** parish events from the approved list throughout the year. Attendance will be taken after the event is over. I also realize that if I miss more than 4 sessions for Sunday/Monday; 1 session for Family I will not be able to fulfill my obligations in class and **will have to attend make up sessions** in order to complete the required classroom time. Make up sessions will occur after May end of the year dismissal. These will occur on a Sunday, 9:30am - 10:45am or Monday 6:15-7:30 pm. If I miss a summer session I must attend a make-up session as well. Makeup sessions for the first summer session will be in the second session. Makeup sessions for the second summer session will be in September. If I do not attend the SIX (6) events during the year I **cannot** move to the **next grade** and there are **no refunds of my registration fees**.

_____   _____
Print Parent/Guardian's Name   Sign Print Parent/Guardian's Name