

# Prince of Peace Cluster Faith Formation Registration Form 2017-2018

Family (or Guardian) Last Name \_\_\_\_\_ Father's (or Guardian) First Name \_\_\_\_\_  
 Mother's (or Guardian) First Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
 Address \_\_\_\_\_

**Father**

**Mother**

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

What is your parish? \_\_\_\_SH \_\_\_\_SM \_\_\_\_SP Other \_\_\_\_\_

School District \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ phone number \_\_\_\_\_ relationship \_\_\_\_\_

Parental Status \_\_\_\_Married \_\_\_\_Divorced \_\_\_\_Widowed \_\_\_\_Separated \_\_\_\_Single

Both parents Catholic?  Yes  No

**Please list all your children below. Use the back of this sheet if you have more than three children to be registered.**

<p><b>Student Name</b> _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F Grade _____ Age _____ Date of birth _____                  Faith Formation site (check all that apply) ____ SH ____SM ____SP ____Dysart                  Check if completed: <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation                   Allergies, special needs, or physical restriction(s) _____</p>
<p><b>Student Name</b> _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F Grade _____ Age _____ Date of birth _____                  Faith Formation site (check all that apply) ____ SH ____SM ____SP ____Dysart                  Check if completed: <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation                   Allergies, special needs, or physical restriction(s) _____</p>
<p><b>Student Name</b> _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F Grade _____ Age _____ Date of birth _____                  Faith Formation site (check all that apply) ____ SH ____SM ____SP ____Dysart                  Check if completed: <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation                   Allergies, special needs, or physical restriction(s) _____</p>

Permission to attend any bus or traveling function? \_\_\_\_Yes \_\_\_\_No  
 Permission to use your child's photo online or in publications? \_\_\_\_Yes \_\_\_\_No  
 Permission to share your email/phone number with other parishioners? \_\_\_\_Yes \_\_\_\_No  
 Are you willing to volunteer at Faith Formation events? \_\_\_\_Yes \_\_\_\_No  
 Are you willing to be a catechist or substitute? \_\_\_\_Yes \_\_\_\_No

**Tuition:** 1 child \$60, 2 or more \$90, out of parish \$100. (Make your check out to the Faith Formation site your student will be attending. Dysart Faith Formation site made payable to St. Paul's. Confirmation students make checks payable to your home parish.)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tuition DUE: \$ \_\_\_\_\_ Tuition PAID: \$ \_\_\_\_\_ Cash or Check Number \_\_\_\_\_