

**September 2018 thru May 2019**

**Enrollment for Children/Youth Faith Formation St.  
Elizabeth Seton Catholic Church**

(Please print)

Student's Name \_\_\_\_\_

Grade in School \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Who does the student live with?** (Check below)

Parents (\_\_\_\_) Father (\_\_\_\_) Mother (\_\_\_\_) Grandparents (\_\_\_\_) Other (\_\_\_\_\_)

**Has the student received any of the following sacraments?** (Please list Parish name, city and state)

Baptism \_\_\_\_\_ Parish \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Reconciliation \_\_\_\_\_ Parish \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

First Eucharist \_\_\_\_\_ Parish \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Confirmation \_\_\_\_\_ Parish \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Parent Information**

Father's Name \_\_\_\_\_

Address (If different than Student) \_\_\_\_\_

Phone# \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address (If different than Student) \_\_\_\_\_

Phone# \_\_\_\_\_ E-mail \_\_\_\_\_

**If student does not live with parents** (Please list name, address, phone number, e-mail, and relationship with to child) \_\_\_\_\_  
\_\_\_\_\_

Is your family registered at St. Elizabeth Seton Catholic Church? Yes No

If yes, what is your parish registration number? \_\_\_\_\_

If no, list the parish you are registered at? \_\_\_\_\_

**Emergency Information** – Does your child have any health problems that we should know about? Do we need to make any special accommodations for your child? Allergies? (If yes please explain) \_\_\_\_\_  
\_\_\_\_\_

List the names of any individuals that you are giving permission to pick up your student if you are unable to do so.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Emergency Contact:** (In case of emergency and parent cannot be reached)

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I would like to offer my help as a volunteer Yes No

I would like to help with? \_\_\_\_\_

I can volunteer weekly \_\_\_\_\_ every other week \_\_\_\_\_ as needed \_\_\_\_\_

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For office use:

Date registration received: _____		Attended:
Registration fee per child \$45.00 in parish \$ _____		Mtg. with Fr.Kilian _____
\$90.00 out of parish fee \$ _____		Orientation Mtg. _____
Additional Sacrament Class Materials Fee \$30.00 \$ _____		Parent Mtg. _____
\$60.00 out of parish fee \$ _____		Parent Mtg. _____
"Confirmed" Returning student in parish \$25.00 \$ _____		Parent Mtg. _____
<b>Total Registration fees due</b> \$ _____		Parent Mtg. _____

**Registration fee paid:**

Date \_\_\_\_\_ Cash Amount \_\_\_\_\_ Check # \_\_\_\_\_

If Payments:

Date \_\_\_\_\_ Cash Amount \_\_\_\_\_ Check # \_\_\_\_\_

Date \_\_\_\_\_ Cash Amount \_\_\_\_\_ Check # \_\_\_\_\_

Date \_\_\_\_\_ Cash Amount \_\_\_\_\_ Check # \_\_\_\_\_

Tuition assistance approval \_\_\_\_\_

Copy of Baptism \_\_\_\_\_  
Photo Release Form \_\_\_\_\_  
Parent SET \_\_\_\_\_  
Student SET \_\_\_\_\_  
Sponsor info \_\_\_\_\_