

St. Benedict the Abbot Parish
 Faith Formation Family Registration Form 2017-2018
 Grades K-6 Traditional Classroom or Homeschool Models

(PLEASE PRINT:)

Father's name: _____ Mother's name: _____

Father's Cell: _____ Mother's Cell: _____

Family Home Phone: _____ Family Email Address: _____

In order to receive communications from Faith Formation you need to join "The City" Faith Formation Group AND specific Faith Formation Grade Level Groups for each of your children.

Child's name: _____ _____ Male _____ Female (<i>please check</i>) Grade in September 2017: _____ School _____ Session Choice (<i>please check one</i>) _____ Sunday 8:40 am — 9:50 am _____ Sunday 11:10 am — 12:20 pm _____ Tuesday 6:00 pm — 7:15 pm _____ Homeschool (not available for 1st/2nd grades)	Child's name: _____ _____ Male _____ Female (<i>please check</i>) Grade in September 2017: _____ School _____ Session Choice (<i>please check one</i>) _____ Sunday 8:40 am — 9:50 am _____ Sunday 11:10 am — 12:20 pm _____ Tuesday 6:00 pm — 7:15 pm _____ Homeschool (not available for 1st/2nd grades)
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ALL REGISTRATIONS ARE DUE BY AUGUST 4, 2017.

Registration Fee Scale for Traditional Classroom or Homeschool Models:

1 child = \$50.00 2 children = \$90.00 3 or more children = \$135.00 Non-Parishioner = \$100/child

LATE FEE (received after August 4, 2017) + \$20

Please make checks payable to **St. Benedict the Abbot Parish**. Financial difficulties? Contact Fr. Bob or Beth

If you are a newly registered parishioner, or if this is your child's first year in Faith Formation at St. Benedict the Abbot, a Baptismal Certificate MUST be submitted upon registration.

I can volunteer as a: _____ Catechist _____ Classroom Helper _____ Substitute Catechist

Continue with Medical Information

Medical Information (by child)

All persons baptized into the Catholic faith have a right to receive proper religious formation. Traditionally, St. Benedict the Abbot Parish mainstreams children with special needs into Faith Formation classes. To help facilitate the formation process, and to assist our volunteers, please provide the Faith Formation staff with more specific information regarding your child's special needs. Thank you for your cooperation as we journey in faith with your family.

<p>Child's name: _____</p> <p>List medical conditions (i.e., ADD, ADHD, OCD, Autism, seizures, impairments, etc.)</p> <p>_____</p> <p>_____</p> <p>List allergies or medical issues:</p> <p>_____</p> <p>_____</p> <p>List any medication(s) needed to bring with them:</p> <p>_____</p>	<p>Child's name: _____</p> <p>List medical conditions (i.e., ADD, ADHD, OCD, Autism, seizures, impairments, etc.)</p> <p>_____</p> <p>_____</p> <p>List allergies or medical issues:</p> <p>_____</p> <p>_____</p> <p>List any medication(s) needed to bring with them:</p> <p>_____</p>
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The above information may be shared with my child's catechist on a need to know basis providing that confidentiality is maintained.

Parent/Guardian: _____ Date: _____

Office use:

\$ _____ Amount Date received: _____ Check #: _____ Cash: _____ On-line: _____ PDS: _____