

NON-PARISHIONERS REGISTRATION FORM

SS. EDWARD & ISIDORE PARISH

2018-2019 CHRISTIAN FORMATION PROGRAM

(One form per family)

(Family Last Name) (Father/Guardian First Name) (Mother/Guardian First Name) (Present Parish) (ID #)

(Address) (City) (Zip) (Phone #) (E-Mail)

Emergency Contact Person: _____ Phone #: _____

Parent/s: Married _____ Single _____ Divorced _____ Widowed _____ Separated _____

Mother: If address differs from above, should we send mail? Yes _____ No _____ Religion _____

Address: _____ Phone # _____ Work # _____

Father: If address differs from above, should we send mail? Yes _____ No _____ Religion _____

Address: _____ Phone # _____ Work # _____

STUDENT INFORMATION:

Please complete student information. Include the child/ren's last name if it is different from the family name. For sacraments, please check if they have been received. If a child is baptized other than Catholic, and/or there are any learning, medical, social, special conditions we should be aware of, please indicate on the "individual needs" line.

Student Name (First/Nickname)	Sex (M/F)	Birthdate	Grade in 2018-19	Sacraments Received Bap. Euch. Rec. Conf.	Individual Needs (Health)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If there are any family situations that we should be aware of, please contact us at 865-7677.

Kindergarten—5th Grade (Monday, Tuesday or Wednesday) (Choose a 1st, 2nd choice, marking each as such)

Mon. Aft. (4:30-5:45pm)
 Mon. Eve. (6:30-7:45pm)
 Tues. Aft. * (5:30-6:45pm)*
 Wed. Aft. (4:30-5:45pm)
 Wed. Eve. (6:30-7:45pm)

Home Based/Book @ Home (Book used in our classes) Cost of book (\$50): Yes _____ (Please check if interested)

Home Based Program available for the following grades only: Kindergarten, 1st, 3rd, 4th and 5th

School District my child/ren are in: Howard/Suamico _____ Pulaski _____ Other _____

I acknowledge my responsibilities as primary catechist of my child/ren and will cooperate with the Christian Formation Program to the best of my ability in ensuring weekly worship and attendance at sessions and retreats as well as attention to the completion of any family projects.

SIGNED: _____ DATED: _____

CLASS TIMES AND TUITION INFORMATION—SEE BACK

TOTAL TUITION: _____ AMOUNT PAID: _____ AMOUNT DUE: _____

CHECK #: _____

WE NEED YOU

Dear Christian Formation Parent/s:

Parent Partnership and involvement is an area of importance in your child/ren's Christian Formation. That is why we provide opportunities for parents to take a more active role in our Christian Formation Program.

Check any and all areas that you are willing to help:

Catechist: Full or Team Teach

_____ KN-5th grade (please specify):

Grade: _____ Day: _____ Time: _____

_____ Freshman

_____ Juniors

Lead Catechist for:

_____ Middle School Group A

_____ Middle School Group B

_____ Sophomores

I would prefer my child be in my group:

_____ Yes _____ No

Substitute catechist (please specify):

Grade: _____ Day: _____ Time: _____

Name: _____

Phone # (Home, cell or work): _____

E-mail: _____

TUITION INFORMATION

Kindergarten—11th Grade: \$75.00 per child for members (not to exceed \$300.00 per family.)
\$150 per child for non-members

\$25.00 per family late fee for parishioners registering after August 1st.

Home Based/Book @ Home (Book used in our classes): \$50

Home Based Program available for the following grades only: KN, 1st, 3rd, 4th & 5th

No student will be denied participation due to financial difficulties. If you need assistance, please call the office at 865-7677.