

ST. GABRIEL PARISH --- Catholic Formation Registration Form 2018-2019

Family Last Name _____

Preferred Email _____

Address _____

Home Phone _____

FATHER:

Last (if different than above) First Work Phone Cell Phone Religion

MOTHER:

Last (if different than above) First Work Phone Cell Phone Religion

K-5 Youth (6-10) Confirmation	Sun or Mon	STUDENT NAME(S) (Please list oldest child first and continue in descending order of age.)								
		LAST	FIRST	M/F	SCHOOL ATTENDING	GRADE IN FALL	BIRTH DATE	BAPT (Y/N)	1st EUCH (Y/N)	1st REC (Y/N)

CONFIDENTIAL INFORMATION

STUDENT NAME	ALLERGIES	Learning/Emotional/Sensory Issues, Physical Limitations, Family Situations

Emergency Contact Name:

Phone:

Relationship To Child:

St. Gabriel Parish has permission to use photos and videos taken during Catholic Formation Programming YES NO	Fee Assessment	Please Make Checks Payable to St. Gabriel Parish (Memo line: Catholic Formation Registration)				For Office Use Only	
		K-5 Catholic Formation	<input type="checkbox"/>	x \$125.00 =	\$ _____	Date:	
First Communion Retreat	<input type="checkbox"/>	x \$ 30.00 =	\$ _____	Amount Paid:			
Youth Program: 6-10 (<i>includes Retreats</i>)	<input type="checkbox"/>	x \$150.00 =	\$ _____	Check Number or Cash:			
11th Grade Confirmation (<i>includes Retreat</i>)	<input type="checkbox"/>	x \$275.00 =	\$ _____	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">QB</td> <td style="width: 50%; text-align: center;">CF</td> </tr> </table>		QB	CF
QB	CF						
Less Teaching Stipend (\$125.00)			\$ _____				
Less SCRIP Credits (contact parish office)			\$ _____				
TOTAL DUE				\$ _____			
Signature of Parent/Guardian:							

|

|