

**St. Margaret Mary
Discipleship Formation Covenant
2021-2022**

Family Name: _____

Address: _____ City _____

Home Phone Number: _____ Cell Phone Number: _____

Dad's Name: _____ Cell Phone Number: _____

Dad's Address if different from above: _____

Dad's Email address: _____

Mom's Name: _____ Cell Phone Number: _____

Mom's Address if different from above: _____

Mom's Email address: _____

Please list the day and grade you would like your child(ren) to attend Discipleship Formation sessions:

- Sunday 6:15-7:45pm Grades 1-10
- Wednesday 6:15pm-7:45pm Grades 1-10
- Sunday 6:15pm-7:45pm **Confirmation**

<u>Child's Name</u>	<u>Day</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I would like to volunteer in the following way:

Office Helper _____ Catechist (Discipleship Formation teacher) _____

Classroom Helper _____

Please complete second page



Discipleship Formation Investment: \$125.00 per student **

(Make checks payable to St. Margaret Mary)

There is a cap of three (3) children for Discipleship Formation investment.

Sacramental Information: Please mark with an "X" which sacraments your child/ren have received.

Child's Name	Gender	Baptism*	Reconciliation*	Communion*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*If one of your children has not received a sacrament (Baptism, Reconciliation, or Communion) and they are older than 2nd Grade please contact Amy Bolle as soon as possible.

**If you need tuition assistance, please contact Amy Bolle for more information. No child is denied Discipleship Formation due to lack of finances.

Please return this form to Department of Discipleship Formation by July 31, 2021. Submit tuition with your registration form. Thank you!

PAYMENT Methods Available: Please check all that apply

Cash/Check enclosed _____ **Automatic bill pay setup** _____

Investment assistance _____ **Request form to set-up ACH** _____

(Contact Amy Bolle for investment assistance)

Monthly payment _____ **SCRIP** _____

Office Use only

Tuition Owed: \$ _____

Check # _____

Tuition Paid \$ _____

Cash _____

Tuition Assistance \$ _____

Initials _____

By sending in this covenant you are agreeing to bring your children to all scheduled Discipleship Formation sessions and attend Mass on a regular basis.

Signature: _____