

3RD CHILD'S NAME : FIRST LAST GRADE

<u>Gender</u> M / F	<u>Birth Date</u>	Check the Sacraments child has received: ___ Baptism ___ Reconciliation ___ Eucharist
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Special Needs to be conveyed to catechist: ___ ADD/ADHD ___ Allergies ___ Asthma ___ Diabetes ___ Seizures
 Other Pertinent Information and Specifics: _____

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WITNESS TO FAITH - VOLUNTEERING

And how will there be preachers if they are not sent?
 As scripture says: *How beautiful are the feet of the messenger of good news.* John 10:15

Our Faith Formation Program is seen as a cooperative – a partnership in which everyone is expected to participate. Prayerfully consider if you are called to serve as a Catechist or Catechist Assistant, if you feel you cannot serve in either role please consider serving elsewhere. Your witness is invaluable.

___ Catechist (Receive 50% off tuition) Grade ___	___ Front Door / Drop Off Monitor	___ Hall Monitor
___ Catechist Assistant (Receive 25% off tuition) Grade ___	___ Classroom Helper	___ Substitute Catechist
___ Reception / Baking / Food Prep	___ Photography	___ Mission Trips
___ Gift Expo Fund Raiser	___ VBS Support beginning in February	___ Parish Family Faith Events
___ Baptism Team	___ Confirmation Team	___ RCIA Team

<p><u>Rate of Tuition</u></p> <ul style="list-style-type: none"> ➤ Kindergarten-Confirmation \$70.00 per student registered in parish *Retreat Fees not included in tuition ➤ Family Maximum \$250.00 ➤ <i>No Registration required for Children's Liturgy at 8:30 & 10:30 Masses</i> 	<p><u>Payment Plans</u></p> <ul style="list-style-type: none"> ➤ Payment may be returned with registration ➤ Registered families may use payment stubs found online <p><u>Scholarship</u></p> <ul style="list-style-type: none"> ➤ Scholarships are available for families requesting assistance. Please contact Parish Business Administrator at 651.429.7937
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MEDICAL RELEASE *In case of accident or illness, I request that the representative of the parish faith formation program contact me. If I am unable to be reached, I hereby authorize the representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish faith formation program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and / or medication deemed necessary.*

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

_____ Parent / Guardian Signature _____ Date

PHOTO RELEASE *I hereby consent to and authorize the use and reproduction by the Church of St. Genevieve of any and all photographs and other audiovisual materials taken of my son / my daughter / my ward for newsletters, bulletins, parish website, educational activities or any other use for the benefit of the parish. Children will not be identified by name and images will not be used for any non-parish related purposes.*

_____ Parent or Guardian Signature _____ Date

Submit to: St. Genevieve's Faith Formation 7087 Goiffon Road Centerville MN 55038