

CHURCH OF THE HOLY NAME FAITH FORMATION/SACRAMENT REGISTRATION FORM 2017-2018

Please print clearly and fill out both sides of form. **RETURN BY September 10, 2018.**

Are you a new family to Faith Formation at Holy Name? YES NO
Is your family registered at Holy Name? YES NO (you may participate without registering in the parish*)
 ***Note:** Please see the "Explanation of Programs" letter for details about sacramental requirements.

FAMILY LAST NAME _____ HOME PHONE _____
 PRIMARY ADDRESS _____ City _____ Zip _____
 Father's Name _____ Work Phone _____ Cell Phone _____
 Mother's Name _____ Work Phone _____ Cell Phone _____
Email addresses we may use for parish communications: _____

 Child/ren is/are the primary responsibility of: ___ Mother ___ Father ___ Both
 ___ Other: _____

MANDATORY: EMERGENCY CONTACT INFORMATION (if parent/guardian cannot be reached)

NAME _____ Relationship _____
 Home Phone _____ Work Phone _____ Cell Phone _____

LEARNER INFORMATION: K-8 learners should be in same grade level as in school for fall.

NAME (include last name only if different from family name above)	Birthdate	GRADE (as of Sept.)	School attending	PROGRAMS: Circle any that apply! (see codes below)
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FAITH FORMATION PROGRAMS AVAILABLE: See letter for details

(PR) Preschool Formation – 3-5 yrs (Not yet attending grade school. Must be toilet trained and used to preschool/daycare.)
 (FF) K-8 Formation
 (RE) Reconciliation and First Eucharist Preparation (Gr. 2 and ↑; must participate in regular Faith Formation also.)
 (CN) Confirmation Preparation (Gr. 9-12)

NOTE: By completing this form, I give permission to my child/ren to participate in the parish faith formation and sacramental programs and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the Church of The Holy Name and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the Church of The Holy Name/Archdiocese of St. Paul & Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency during which I am not present, I give permission for 911 to be called and to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, contact the person listed as the Emergency Contact above.

HEALTH CONCERNS/SPECIAL NEEDS/SOCIAL ISSUES/CLASS REQUEST INFORMATION:

Please list health issues, allergies, special needs/disabilities, social issues, etc. so that we can provide proper care:

NOTE: In cases of special learning needs, we will contact you to gather more information and plan for the year.

PHOTO USE INFORMATION

Unless you notify the office in writing, The Church of the Holy Name, Minneapolis, MN, assumes permission to use your child/ren's photo (*without name identification*) in the bulletin, on the website or in parish publicity information. This includes group sacrament photos. If you **DO NOT** wish for your child to appear in photos, please check and sign here:

Parent/Guardian Signature: _____

FAITH FORMATION TUITION/FEE INFORMATION

Annual Tuition Preschool-8th Grade and First Reconciliation/Eucharist: \$25.00 per child

Tuition for Confirmation: \$75 per youth (this includes our retreat, etc.)

If you cannot pay the full cost of formation and Sacramental programs at the time of registration, please do turn in your form on time. Payment/financial aid plans may be made by contacting the Director of Faith Formation **as soon as possible**. We do not wish anyone to miss participation due to financial concerns. All information will be kept confidential.

NOTE: Catechists (faith teachers) may waive the Preschool-8th Grade tuition fee and/or reduce the Confirmation tuition fee to \$50.00

NEW FAMILIES ONLY: Sacrament Information

If your family is not registered at the Church of the Holy Name, and you are new to Faith Formation here, please list the **year and parish/church location** for any Sacraments your child (or children) has (have) previously received.

CHILD'S NAME	SACRAMENT RECEIVED	PARISH/CHURCH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TUITION TOTALS OWED 2018-2019:

(See tuition above for amounts.)

Preschool-8th Grade Formation or Reconciliation and Eucharist Preparation:

Enrolled: _____ Amount Due: \$ _____

Confirmation Preparation :

Enrolled: _____ Amount Due: \$ _____

TOTAL TUITION/FEES DUE: \$ _____

Please make checks payable to Church of the Holy Name.

INTERNAL USE ONLY:

Amount Due	Amount Paid	Check #	Date Received	Received By
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____