



Faith Formation Registration – 2021-2022

Return no later than September 3rd

St. Owen Catholic Church

6869 Franklin Road, Bloomfield Hills, MI 48301 • Phone: 248-626-0840 • Website: www.stowen.org

OFFICE USE ONLY:
 Amount due: _____
 Amount paid: _____
 Check #: _____ Cash: _____ Date: _____
 Initials: _____ Receipt Sent: _____

FAMILY LAST NAME _____ HOME PHONE (_____) _____ E-MAIL _____
 ADDRESS _____ CITY _____ ZIP _____
 FATHER'S NAME: _____ CELL PHONE (_____) _____ WORK PHONE (_____) _____
 MOTHER'S NAME: _____ CELL PHONE (_____) _____ WORK PHONE (_____) _____
 EMERGENCY CONTACT PERSON [other than parents] _____ PHONE (_____) _____ RELATIONSHIP TO CHILD _____
 ANY SPECIAL, EDUCATIONAL, PHYSICAL, EMOTIONAL NEEDS OF WHICH THE CATECHIST SHOULD BE AWARE? _____

 ANY SPECIAL LIVING/FAMILY CIRCUMSTANCES OF WHICH WE SHOULD BE AWARE? _____

REGISTRATION for KINDERGARTEN through EIGHTH grade
CLASS SELECTION OPTIONS: Grades K-5 : Monday 5:00-6:15pm; Grades 6, 7, 8: Monday 7:00-8:15pm

CHILD'S FIRST NAME	CHILD'S LAST NAME	GENDER	BIRTH DATE	GRADE IN SEPT.	SACRAMENTS RECEIVED (Please check)				PLEASE NOTE
					Baptism	Eucharist	Reconciliation	Confirmation	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

SACRAMENT PREPARATION Please complete this section if your child needs Sacrament Preparation in 2021-2022

CHILD'S NAME	PREPARATION FOR WHICH SACRAMENT(S):	Was this child registered in a faith formation program during the 2020-2021 school year?	
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

PLEASE FILL OUT BOTH SIDES OF THIS REGISTRATION FORM

VOLUNTEER INFORMATION - Please let us know how you can help the St. Owen Faith Formation Program:

VOLUNTEER NAME(S): _____

PHONE: _____ EMAIL _____

____ CATECHIST (Grade Kdg through Grade 8) Please indicate grade preferred _____

____ SUBSTITUTE CATECHIST (Grade Kdg through Grade 8) Please check preferred section _____ Monday 5:00-6:15 _____ Monday 7:00-8:15

____ HALL MONITOR Please check preferred section _____ Monday 5:00-6:15 _____ Monday 7:00-8:15

ST. OWEN FAITH FORMATION MEDIA RELEASE

I (We) give **OR** do not give permission for St. Owen Catholic Church, Bloomfield Hills, MI, to publish or disclose in parish-related newsletters, brochures, websites, or other media-related vehicles, any photos, videos, audios, or other materials in which I or my child(ren) may have appeared, spoken, written, or otherwise been represented.

A copy of this release will be kept on file. It may be revoked at any time.

Please check one: _____ I give permission _____ I do NOT give permission

Parent(s) or Legal Guardian Signature

Date

TUITION & FEES: PLEASE MAKE CHECKS PAYABLE TO ST. OWEN RELIGIOUS FORMATION

Grades K - 8

Alternate Tuition Fee Arrangement:

TUITION TOTAL \$ _____

\$135 Per registered child

_____ I need an alternate payment plan

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\$25 Add'l Sacrament Fee for Grades 2 & 8\*  
\*Baptismal Certificate must be included with Registration

\_\_\_\_\_ I am unable to pay the fee

AMOUNT ENCLOSED \$ \_\_\_\_\_

BALANCE DUE \$ \_\_\_\_\_

No child is denied Faith Formation due to financial hardship

**Parents and children, please mark your calendars to attend our kickoff on October 4th!**

Questions about the High School Youth Group? Email us at [stowenyouthgroup@gmail.com](mailto:stowenyouthgroup@gmail.com)

**PLEASE FILL OUT BOTH SIDES OF THIS REGISTRATION FORM**