

# Holy Apostles Faith Formation Registration Form 2017-18

ONE FORM PER FAMILY - Please Complete Both Sides and PRINT CLEARLY

- To process your Registration, this form must be filled out completely and the payment included.
- For all children preparing to receive Sacraments, a copy of the child's Baptism Certificate must be included. ( Even if the child was baptized at Holy Apostles.)

Family Last Name \_\_\_\_\_ Contact Phone \_\_\_\_\_ Registered at Holy Apostles? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email communication is very important. Please list an email address that is checked frequently.

Primary Email \_\_\_\_\_

Secondary Email (optional) \_\_\_\_\_

## Parent/Guardian & Emergency Contact Information (Youth information on other side)

Parent/Guardian First/Last Name	Relationship to Child(ren)	Address (If not the same as above)	Cell Phone

## Permission Release (Please read and sign)

- By registering my child(ren) I understand that I am still the primary religious educator for my child(ren).
- I agree that I will make sure my child(ren) attends class regularly and on time. I will reinforce class lessons and keep in touch with the coordinator/core team to help all I can.
- I will live and practice my Catholic faith and be a good example for my child(ren) to follow.
- I give Holy Apostles permission to use photographs which include my child(ren) in Parish related communications.
- I do hereby give permission for my child(ren) to participate in Holy Apostles Faith Formation programs. I agree to hold the Diocese of Boise, Holy Apostles parish, staff and volunteers free from liability for any illness or injury that might be incurred by my child(ren) during these events.
- Should any injury occur, I hereby give my permission for my child(ren) to receive treatment from a physician to be selected by a Holy Apostles staff member if s/he is unable to reach me or my family physician.
- I understand that Holy Apostles parish, staff, and volunteers are not responsible for my child(ren)'s transportation to and from Holy Apostles Faith Formation events. Nor is Holy Apostles parish, staff, or volunteers responsible for my child(ren) should they leave the immediate area where the event is taking place or choose to stay after an event has taken place.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parish Religious Education programs rely on volunteers.** Please consider sharing your time and talent with your child's program... *It is essential that we have a devoted volunteer team to help pass our Catholic Faith to the youth of our parish. Requirements: a love of our faith, and love of our children. There are many "teacher assistant" roles and lead teacher roles available.*

***In addition, Catechist training and certification classes are available.***

☐ I am interested in volunteering:

Please circle the age group in which you would like to volunteer: PreK Elementary Middle School

Other Talents you are able to share:

Name and e-mail address of volunteer:

Please add youth information on other side

# Holy Apostles Faith Formation Registration 2017-18

## YOUTH INFORMATION

(Parent information other side)

Please write session "letter" for appropriate class in "class session" column	<b>PreK3/PreK4/K Children</b> <b>SA - Sunday 9am</b> 2 <sup>nd</sup> & 3 <sup>rd</sup> Sun. of the Month <b>SB - Sunday 11am</b> 2 <sup>nd</sup> & 3 <sup>rd</sup> Sun. of the Month (Must be 3, 4 & 5 by Sept. 1 and potty trained.)	<b>Elementary 1<sup>st</sup>-5<sup>th</sup></b> <b>A - Monday 4:30-5:30pm</b> <b>B - Tuesday 4:30-5:30pm</b> <b>C - Tuesday 6:30-7:30pm</b>	<b>Middle School 6<sup>th</sup>-8<sup>th</sup></b> <b>D - Energizers: Wed. 7:00-8:30pm</b> <b>E -POD (Discipleship)- Mon. 4:30-5:30*</b> See attached for more info	<b>High School 9<sup>th</sup>-12<sup>th</sup></b> <b>F - AllTeen Sunday 4:30pm -6:00 pm</b> (Confirmation Class... Call Rusty Bang 888-1182 ext. 3025)
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### Youth Information:

For Office Use Only	Class Session	First Name	Last Name	M/F	Birth Date M/D/Y	Check sacraments ALREADY received				School	Grade Fall 2017 <small>PreK-K, Please put child's age As of Sept. 1, 2017</small>	Any medical conditions, allergies or special needs? Check here and explain below
						Baptism (Catholic)	Reconciliation	Communion	Confirmation			

### Information for Medical Conditions, Allergies or Special Needs (Use Additional Paper if necessary)

Child 1	
Child 2	
Child 3	

### Registration Fees/Payment Information

#### Registration Fees:

- Pre-K through 5<sup>th</sup> grade and Energizers 6<sup>th</sup>- 8<sup>th</sup> grade..... **\$45**
- POD – Middle School Point of Discipleship..... **\$20**
- High School "AllTeen" Ministry..... **\$25**
- There is an additional fee for children preparing for First Sacraments ..... **\$20**  
 (Attach copy of Baptism Certificate for 1<sup>st</sup> Sacraments also)

**Calculate your fees:** # of Children Pre-k through 8<sup>th</sup> grade RE... \_\_\_\_\_ x \$45 = \_\_\_\_\_  
 # of Children preparing for 1<sup>st</sup> Sacraments .. \_\_\_\_\_ x \$20 = \_\_\_\_\_  
 # of 6<sup>th</sup>-8<sup>th</sup> graders for POD..... \_\_\_\_\_ x \$20 = \_\_\_\_\_  
 # of Teens in All Teen ..... \_\_\_\_\_ x \$25 = \_\_\_\_\_

If a payment plan is needed, contact your child's program coordinator.

**Total Enclosed** = \_\_\_\_\_

Credit Card Info	Card#	Exp Date	Amount \$	<b>OFFICE USE</b> Date Rec'd _____  Amount Rec'd \$ _____  CK# _____ CA CC Initial _____  Payment Schedule Yes No
Credit Card Billing Address:	City	State	Zip	
Name on card (Please Print):				
Signature:				