# St. Josephine Bakhita Parish 2019-2020 Faith Formation Program - Registration Form

FATHER'S FULL NAME						
ADDRESS						
Street		Town		.ip		
HOME PHONE# EMERGENCY	/ PHONE #	Cell Phone #				
Email:						
MOTHER'S FULL NAME (include maiden name)						
ADDRESS						
Street		Town	Z	Zip		
HOME PHONE# EMERGEN	EMERGENCY PHONE # _		Cell Phone #			
Email:						
Child(ren) reside(s) with ( ) Both Parents ( ) Moth	her ( ) Father					
Baptism Date: Church Name:	me: Address:					
Baptism Date: Church Name:		Address:				
Received 1st Communion Y N						
Place of last completed year of Faith Formation _		Is student r	ew to the program?	Y N		
*If student is new to the program, a						
Please check in which class you wish your child (	ren) to be enro	olled. St. James – SJ	St. Elizabeth Seton	- SES		
Sunday - Early Childhood (Ages 3-5, Grades K-1) [	Ouring 9AM Ma	ss @ SES				
unday - grades 2-4 (4:00-5:15 PM) @ SES Tuesday - grades 5-8 (4:30-5:45 PM) @ SJ						
Sunday - grades 5-8 (9:15-10:30 AM) @ SJ	<del></del>					
Monday - grades 2-4 (5:00-6:15 PM) @ SES	<del></del>					
Sunday – Confirmation I (6:00-8:00 PM)	_	- Confirmation II (6:0				
Child (ren)'s Full Name	Circle	Grade (19/20)	School			
DOB	(M/F)					
DOB	(M/F)					
DOB	(M/F)					
DOB	(M/F)					
Any special emotional or medical issues or learn	ing disabilities	of which we should	oe aware?			

### Please include payment with registration form

( ) Number of children attending grades Early Childhood-Grade 10

- ♦ \$95 one child; \$45 per additional child, up to 4<sup>th</sup> child.
- ◆ Sacramental Fee: First Eucharist \$30; Confirmation I & II \$60 per year.

  This is *in addition* to the registration fee if you have a child in a sacramental preparation year.

#### No child will be denied Faith Formation.

If there are financial issues, please notify Monica Piombino.

## St. Josephine Bakhita Faith Formation

Saint James Campus
Attn: Faith Formation
767 Elm Street
Rocky Hill, CT 06067
860 529-1274
Monica@sjbrh.org

Monica Piombino, Director

## Photo/Video Release

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	outh to be photographed/vid to may be published in the ne		-		
Yes No					
Parent/Guardian:		_ Date:			
	Commur	nication			
· · ·	of communicating to our familie ell-informed, please indicate whi	-			
Best email/cell phone: Mom	Dac	1()	Both ( )		
	Medical Rel	ease Form			
I hereby warrant that to th for the health of my child.	e best of my knowledge, my c	child is in good health,	, and I assume	all responsibility	
child to a hospital for emer	EATMENT: In the event of an egency medical or surgical treator doctor. In the event of an e	atment. I wish to be a	dvised prior to	any further	
Name:		Rela	Relationship:		
Phone (home):	(cell):	(wo	(work):		
Parent/Guardian's Signatu	re:				
Date Signed:					
	- OFFICE US	SE ONLY –			
Class List	Sacramental Information	New Family	·		
P.D.M.S		Amt. Pd	Ck. #	Cash	
Medical Form		Date Rec'd_			