St Jude Thaddeus Church

2017-2018 Faith Formation REGISTRATION

PAYMENT AND REGISTRATION FORM DUE: ON OR BEFORE April 29, 2017 Bring to Office of Faith Formation in Parish Center.

FAMILY LAST NAME: FATHER'S LAST NAME: ______ FIRST NAME: _____ MOTHER'S NAME: ______ FIRST NAME: _____ (Last) (Maiden) Home Phone: Primary Cell: Please put an (*) next to primary e-mail for communication. Mother's Religion: ______ Father's Religion _____ **EMERGENCY CONTACT INFORMATION** Mother's Business Phone: Father's Business Phone: Mother's Cell Phone: Father's Cell Phone: _____ Additional Emergency Contact Name: _____ Relation to child Emergency Contact Phone/Cell: _____ **VOLUNTEER OPPORTUNITIES** Please check all areas that you are considering. We welcome your participation in the program. Youth Aide (7-12th graders assist in classroom) Catechist Co-Catechist Substitute Catechist Safety Monitor/Office Helper - Available during class hours Occasional Assistance – Special Projects, Events Phone: E-mail

^{*}For youth aide volunteers, please write youth's name and grade and include parent's phone and e-mail.

AMILY NAME					Date Received:		
2017-2018 St. Jude Thaddeus Faith Formation Registration (Gr. 1-8)					Check # Amount Paid		
REGISTERING FOR GRADES 1-4	Circle	the time		the week you v	would like you	ur child to attend	
Child's First And Last Name	Grade Sept 2017	Date Of Birth	Class Time Circle one	Preferred Class Day Circle One	School Child Will Attend in Fall 2017	Special Needs: Allergies/Medical Conditions, Learning Disabilities Please use separate page if needed.	Did child attend Faith Formation Class in 2017
L			8:40or11:00 4:30 pm	Sunday or Wednesday			Yes 🗌 No 🗌
2			8:40or11:00 4:30 pm	Sunday or Wednesday			Yes 🗌 No 🔲
3			8:40or11:00 4:30 pm	Sunday or Wednesday			Yes No
REGISTERING FOR GRADES 5-8	Circle	the time	and day of	the week you w	vould like you	r child to attend	
Child's First And Last Name	Grade Sept 2017			Preferred Class Day Circle one	School Child Will Attend in Fall 2017	Special Needs: Allergies/Medical Conditions, Learning Disabilities Please use separate page if needed.	Did child attend Faith Formation Class in 2017
1			6:00 pm 7:15 pm	Sunday Wednesday			Yes 🗌 No 🗌
2			6:00 pm 7:15 pm	Sunday Wednesday			Yes No
Formation to discuss. Finances s Photo Release: I give permission	crament me of re hould no for my o	t Fee egistration ever come child/ren	e in the way to be photog	of a child's part graphed during	ticipation in o class times ar	ties are encouraged to contact the Direc ur Faith Formation program. nd other program events. I understand t ay be submitted to local newspapers.	
Parent Signature:					D:	ate:	

COMPLETE FOR ALL CHILDREN REGISTERING FOR FAITH FORMATION CLASSES FOR THE FIRST TIME

A copy of your child's Baptismal certificate must be submitted to the Christian Faith Formation Office.

SACRAMENT HISTORY

CHILD'S INFORMATION

Child's First Name	Child's Middle Name	Child's Last Name	
Baptismal Date	Church Name	City and State	
First Reconciliation Date	Church Name	City and State	
First Eucharist Date	Church Name	City and State	

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Child's First Name	Child's Middle Name	Child's Last Name	
Baptismal Date	Church Name	City and State	
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