

Ss. John & Paul Faith Formation Registration 2020-21

Monthly Parish Intergenerational Faith Formation, Teen Group, Junior High Youth Ministry, Tweens, JP Kidz, Sacramental Preparation

<p>Household Last Name <input style="width: 95%; height: 25px;" type="text"/></p> <p>Email #1 <input style="width: 95%; height: 25px;" type="text"/></p> <p>Parent/Guardian Phone #1 <input style="width: 95%; height: 25px;" type="text"/></p> <p>Emergency Contact (not in household) <input style="width: 95%; height: 25px;" type="text"/></p> <p>Address <input style="width: 95%; height: 25px;" type="text"/></p>	<p>Parent/Guardian First Name(s)</p> <p>Email #2 (optional)</p> <p>Parent/Guardian Phone #2</p> <p>Emergency Phone (not in household)</p> <p>City</p>	<p><input style="width: 95%; height: 25px;" type="text"/></p> <p><input style="width: 95%; height: 25px;" type="text"/></p> <p><input style="width: 95%; height: 25px;" type="text"/></p> <p><input style="width: 95%; height: 25px;" type="text"/></p> <p><input style="width: 95%; height: 25px;" type="text"/></p> <p><input style="width: 95%; height: 25px;" type="text"/></p> <p><input style="width: 95%; height: 25px;" type="text"/></p> <p>Zip Code <input style="width: 95%; height: 25px;" type="text"/></p>
---	--	---

Do we have your permission to have your and/or your child's photo published (webpage, social media, bulletin boards, etc)? Yes No

Participant Information (including adults)

First Name	Last Name	Birth Date	Entering Grade K-12	Food Allergies or other Special Needs (explain on back)	Baptized? Yes/No	JP Kidz Grades 3-4	Tweens Grades 5-6	JYM Grades 7-8	Teen Group Grades 9-12
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sacramental Prep for: First Reconciliation/Eucharist **Confirmation: Year 1** **Year 2**

 My child needs to celebrate 1st Reconciliation and/or 1st Eucharist and he/she is older than 2nd grade.

 My child needs to celebrate Confirmation and he/she is older than 10th grade.

Costs:

Parish Intergenerational Faith Formation	Sacramental Fee	Juniorhigh Youth Ministry/ Teen Group ONLY*	Out of Parish Fee	For office use only:
\$10 per person _____	\$35 per child _____	\$10 per child _____	\$75 _____ Total \$ _____	Date: _____
				Initials: _____
				Pmt Type: _____

*Teens who register for Parish Intergenerational Faith Formation attend Juniorhigh Youth Ministry and Teen Group at no additional charge.

Does your household have internet access?	<input type="checkbox"/> <input type="checkbox"/>	Yes No
If not, would you like to receive a packet of printed session materials?	<input type="checkbox"/> <input type="checkbox"/>	Yes No
Does your household have devices with which you can participate in livestream or watch videos?	<input type="checkbox"/> <input type="checkbox"/>	Yes No
What type of devices does your household have? (Check all that apply.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Phone Tablet Laptop Desktop
Does someone in your household have a Facebook account?	<input type="checkbox"/> <input type="checkbox"/>	Yes No
Do you give your permission for your youth(s) to be in a small group chat room with an adult who has passed a background check and is VIRTUS® trained?	<input type="checkbox"/> <input type="checkbox"/>	Yes No
Does your household have a working printer or do you have access to a working printer that you can use?	<input type="checkbox"/> <input type="checkbox"/>	Yes No
Does your household have enough devices and bandwidth to allow more than one person to be on devices at the same time?	<input type="checkbox"/> <input type="checkbox"/>	Yes No

If applicable, explain any food allergies or special needs for your household members: