

Saint Thomas Becket 2021-2022 Children & Youth Formation Registration

Date _____

Family Name _____ Mother's Name _____ Father's Name _____

Address _____ Mother's Primary Phone _____ Father's Primary Phone _____

_____ OK to text this #? _____ OK to text this #? _____

City _____

Zip Code _____ Stepmother's Name _____ Stepfather's Name _____

Primary E-mail(s) (required)

This is how updates & program information will be communicated - check email regularly

Faith Formation

Sacramental Preparation

**Please list all children being registered on one sheet.
Please list special needs on the back of this page ***

Name	M / F	School	Birth Date	Grade Level 2021-2022	K-Grade 5 Gospel Weekly/Family Events 4:30 pm Onsite classes Wednesday	Grades 1 - 5 Gospel Weekly/Family Events 6:00 pm Onsite classes Wednesday	K-Grade 5 Gospel Weekly/Family Events At HOME study	Middle School Grades 6-8 Wednesday 7:00 pm - 8:00 pm	First Reconciliation followed by First Eucharist (communion)	Reconciliation. 2 nd Grade or older Late Fall 2021	Confirmation Year 1 Grade 9 or older	Confirmation Year 2 (only for those who completed Year 1)

Catechist Discount (PreK/Elementary, Middle school, Confirmation) **\$45 per catechist** _____ (We will mail you \$ in Nov.)

Sacramental Preparation

• **First Eucharist/First Reconciliation: \$100/child**

-Must also be registered for Gospel Weekly Program or attend Catholic School

Faith Formation Programs

• **Pre K-Grade 8: \$85/child**

(Family Max** \$255 [\$375 after 8/19] for FF classes Only does NOT include Sacramental Prep)

• **Confirmation Year 1: \$80** **Confirmation Year 2: \$150** (includes retreat fee)

Deadline to Register Sept. 13th

We are unable to honor 1 friend request (Middle School/Confirmation) AFTER this date.

Finances should not prohibit participation.

Financial aid is available.

Contact Parish Office 651-683-9808

OFFICE USE Date keyed to CN _____ Check _____

Please fill out both sides of this form

SAINT THOMAS BECKET FAITH FORMATION EMERGENCY CONTACT INFORMATION

Emergency Contact in case a parent cannot be reached:

_____	_____	_____
Name	Cell Phone	Home Phone

First choice of hospital _____

Do any of your children have special needs—physical, sensory, cognitive or social/emotional—of which we should be aware so that we can serve him/her properly?

Any food allergies? Please list child's name and her/his food allergy(ies).

* Middle School & Confirmation Students may request 1 friend to be in their group.

Parent Signature _____ Date _____