

2016-2017 FAITH FORMATION REGISTRATION FORM

PDS: _____

Grades: Pre-K - Grade 5

1. Family Information *Please PRINT clearly!*

Family Name: _____
(the last name the family is registered under)

Primary Email: _____ **Home Phone:** _____
Preferred email for communications, you will receive class/event reminders, emergency changes and updates from faith formation at this address.

Home Address: _____
Street City State Zip

Adult Household Member #1 Full Name: _____ **Cell:** _____
Email: _____ **Catholic?** Yes No

Mailing Address (if different): _____

Adult Household Member #2 Full Name: _____ **Cell:** _____
Email: _____ **Catholic?** Yes No

Mailing Address (if different): _____

EMERGENCY CONTACT other than parent: _____ **Relationship to Student** _____

EMERGENCY CONTACT - Home Phone: _____ **Cell:** _____

2. Student Information

Family Name: <i>(First & last if different from family name)</i>	Child #1	Child #2	Child #3
_____	_____	_____	_____
Date of Birth	____/____/____	____/____/____	____/____/____
Grade in Fall 2016			
School in Fall 2016			
Sacraments Rec'd <i>Check all that apply</i>	<input type="checkbox"/> Baptized: Catholic? <input type="checkbox"/> Y <input type="checkbox"/> N _____ _____ <i>Name of church and city where baptized</i> <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptized: Catholic? <input type="checkbox"/> Y <input type="checkbox"/> N _____ _____ <i>Name of church and city where baptized</i> <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptized: Catholic? <input type="checkbox"/> Y <input type="checkbox"/> N _____ _____ <i>Name of church and city where baptized</i> <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation
Special Needs? <i>(learning or physical disability, reading difficulty, hearing impairment, emotional problem, food allergy, etc...)</i>			
Sacramental Preparation	If your child (ren) is in 2nd grade or above and has been enrolled in faith formation for at least one year at a Catholic Church; and has not previously received the sacrament of First Eucharist, please write their name (s) below, and you will receive a separate mailing with a registration form in October. _____ _____		

3. Fees Pre-K - Grade 5

Due to your continued generosity in our parish's "Giving in Gratitude to God Increased Offertory Program" we only ask for a \$15.00 per student suggested donation. With sincere gratitude we thank you for the blessing of your offertory donations in providing Catholic formation for our middle and high school students.

Please mark of the following: _____ # of students x \$15.00 = \$ _____ attached with this registration form

_____ I cannot make a donation at this time, but I will hold the formation program in prayer.

To Be Completed by Office:

Amount Paid: _____ Cash/Check #: _____ Waiver: _____ Date Rec'd: _____

4. Parent Volunteer Opportunities

I AM INTERESTED IN BECOMING A:	VOLUNTEER NAME & PHONE #	Circle Preference(s):
<input type="checkbox"/> Catechist/ Co-Catechist		3 pre 4pre K 1 2 3 4 5 MS HS
<input type="checkbox"/> Sacrament Preparation Catechist		Check Preference: <input type="checkbox"/> Baptism <input type="checkbox"/> First Eucharist <input type="checkbox"/> Confirmation
<input type="checkbox"/> Catechist Substitute		3 pre 4pre K 1 2 3 4 5 MS HS
<input type="checkbox"/> Clerical Helper		
<input type="checkbox"/> Children's Liturgy of the Word (at 9:00 am Mass)		Check one: How many Sunday's a month are you interested in? _____
<input type="checkbox"/> Helping to plan Family Events		These would be events separate from Sunday Morning classes (example: a family dinner and movie night)
<input type="checkbox"/> Planning Advent Family Night		

IF you have any ideas that have not been listed, please email Maria Thorsen at mthorsen@richmondcathedral.org

5. Photo Release Statement

I hereby **GRANT** permission for my child(ren) to be photographed and/or videotaped during Cathedral activities and events. I understand that my child may decline to be photographed and /or videotaped at any time. I further grant permission for the resulting photographs and /or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purposes of promoting the faith formation program here at Cathedral.

NAME (Please Print) _____

Parent/Guardian Signature _____ Date: _____

I hereby **DECLINE** to grant permission for my child(ren) to be photographed and/or videotaped during Cathedral activities