



**Children's Faith Formation
Registration
2017-2018**

2017-2018 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 2017			
School in Fall 2017			
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

The registration fee for each student is \$15.00. You can make your check to Cathedral of the Sacred Heart. To request financial assistance, please email: mthorsen@richmondcathedral.org

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