

**FAITH FORMATION REGISTRATION
WEDNESDAY NIGHT – 6:30 – 7:30 P.M.
KINDERGARTEN thru GRADE 8
2017 – 2018**

REGISTRATIONS ARE DUE BY AUGUST 15, 2017 OR SOONER IF POSSIBLE

MOTHER'S NAME/GUARDIAN _____
 RELIGION _____ HOME CHURCH _____
 ADDRESS _____
 _____ CITY/ZIP _____ CELL
 PHONE _____ IS IT OK TO TEXT YOU? ___ Yes or ___ No
 WORK PHONE _____ IS IT OK TO TEXT YOU? ___ Yes or ___ No
 FATHER'S NAME/GUARDIAN _____
 RELIGION _____ HOME CHURCH _____
 ADDRESS _____ CITY/ZIP _____
 CELL PHONE _____ IS IT OK TO TEXT YOU? ___ Yes or ___ No
 WORK PHONE _____

HAS YOUR CHILD/CHILDREN BEEN BAPTIZED? ___ Yes or ___ No

REGISTRATION FEE: (payable to St. Paul Church)
 (for Wednesday P.M.) 1 child = \$40.00 2 children - \$40.00 + \$35.00
 3 children \$40.00 + \$35.00 + \$30.00
(Your registration fee includes the following: \$20.00 textbook fee. The remaining \$20.00 includes supplies, utilities, teacher appreciation, postage, misc. This equals 66 cents per Wednesday.)

	<u>First and Last Name of Child/Children (for K thru Grade 8 only)</u>	<u>Grade</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

CHILD/CHILDREN RESIDE WITH: FATHER MOTHER OTHER

HOUSEHOLD EMAIL ADDRESS _____

CAN YOU HELP?

I would like to substitute for a catechist: Yes ___ No ___ GRADE PREFERENCE ___

PLEASE CHECK ONE BELOW

_____ My payment is enclosed with registration form.
 _____ My payment is not enclosed – please send me a reminder notice to pay.

**MAIL TO: FAITH FORMATION OFFICE
824 JEFFERSON STREET
TELL CITY, IN 47586**

IF YOUR CHILD/CHILDREN ARE NEW TO THE PROGRAM, PLEASE COMPLETE THE BACK SIDE OF THIS FORM. IF YOUR CHILD WAS IN THE PROGRAM LAST YEAR, ONLY COMPLETE THE BACK IF THERE ARE CHANGES SINCE THE LAST PROGRAM YEAR.

CENSUS INFORMATION

DATE: _____

FAMILY LAST NAME: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____ **PHONE NO.** _____

Contribution Envelope Number: _____

INDIVIDUAL INFORMATION

Your Name:		Spouse:
Birthday		Birthday
Baptized Catholic? Yes ___ No ___		Baptized Catholic? Yes ___ No ___
If Married, Anniversary Date		
Optional:		
Email		Email
Occupation		Occupation
Work Phone		Work Phone

CHILDREN IN HOUSEHOLD:

Name of Child	Birthday	Baptism Date and Place	First Communion Date and Place	Confirmation Date and Place

SUBMIT