

FAITH FORMATION CLASS REGISTRATION
2011-2012

Due No Later Than September 4th

Office Use Only:
Amt Due \$ _____
Amt PD \$ _____
Date PD _____
CASH or Check # _____

FAMILY'S LAST NAME _____

PARENTS' NAMES _____

MAILING ADDRESS _____

HOME PHONE _____ CELL PHONE _____

REGULARLY CHECKED E-MAIL _____

PARISH REGISTERED IN St. Joseph St. John the Baptist Other _____

Our family was NOT enrolled in the Faith Formation Classes at St. John or St. Joseph last school year.

PLEASE SELECT WHICH CLASS YOUR CHILD WILL ATTEND –

Level I Atrium Wednesday 6:15 – 7:45 St. John's
 Thursday 4:00 – 5:30 St. Joseph
 Sunday 9:30 – 11:00 St. Joseph

Level II Atrium Wednesday 6:00 – 7:30 St. Joseph
 Thursday 4:00 – 5:30 St. Joseph
 Sunday 9:30 – 11:00 St. Joseph

Grades 4-8 Wednesday 6:15 – 7:45 St. John's
 Sunday 9:30 – 11:00 St. Joseph

High School 9-10 Sunday 9:30 – 11:00 St. Joseph
High School 11-12 Opportunities to be involved in Youth Ministry

Atrium level classes have a 15 student cap, please indicate a second choice. Classes will fill on a first come first serve basis, students out of the parish will be placed on a waiting list until after the parishes register.

REGISTRATION FEE (If this is a problem, please contact Fr. Scott.)

Registered Members of St. John or St. Joseph
Make checks payable to the parish you are registered in.
1 child - \$35
2 or more children -\$60

Non-Registered Members of St. John, St. Joseph, St. Martin or St. Paul add an additional \$10 per child.

Make checks payable to the parish your child will attend classes.

PLEASE RETURN THE COMPLETED FORM AND CHECK NO LATER THAN SEPTEMBER 4TH

WAYS TO RETURN FORM:

- Drop off at either parish office or Collection Basket in an envelope marked "ATTN PATSY"
- Mail to: St. John/St. Joseph Faith Formation
 Attn: Patsy
 25743 State Rt. 1
 Guilford, IN 47022

(PLEASE LIST STUDENTS ON OTHER SIDE)

STUDENTS ENROLLING IN FAITH FORMATION CLASSES

Child's First & Last Name	Date of Birth	Grade & School	Sacraments		
			Baptism Yes No	1 st Communion Yes No	Confirmation Yes No
			Baptism Yes No	1 st Communion Yes No	Confirmation Yes No
			Baptism Yes No	1 st Communion Yes No	Confirmation Yes No
			Baptism Yes No	1 st Communion Yes No	Confirmation Yes No
			Baptism Yes No	1 st Communion Yes No	Confirmation Yes No
			Baptism Yes No	1 st Communion Yes No	Confirmation Yes No
			Baptism Yes No	1 st Communion Yes No	Confirmation Yes No

IMPORTANT: Do any of the children named above have any medical needs, allergies, or learning difficulties? If yes, please explain.

EMERGENCY CONTACT

PERSON _____ PHONE _____ RELATIONSHIP _____

PHYSICIAN'S NAME _____ PHONE NUMBER _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, dental diagnosis, or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that students are to abide by all rules and regulations governing conduct and safety while attending religious education classes and related activities. Any violation of these rules and regulations may result in that individual being sent home.

SIGNATURE OF PARENT/GUARDIAN

DATE

June 1, 2012
DATE EFFECTIVE UNTIL

INSURANCE CARRIER _____ POLICY NUMBER _____