

2009-2010 FAITH FORMATION REGISTRATION FORM

PLEASE PRINT ALL
INFORMATION

_____ FAMILY ID

STUDENT INFORMATION

STUDENT FULL NAME _____

HOME STREET ADDRESS: _____

HOME CITY, STATE, ZIP: _____

HOME PHONE: _____

SEX OF CHILD: _____

BIRTH DATE: _____

SCHOOL ATTENDING IN SEPTEMBER 2009: _____

GRADE: _____

FAMILY EMAIL ADDRESS _____

PARENTS' FULL NAMES: _____

FATHER'S RELIGION: _____

MOTHER'S RELIGION: _____

SACRAMENTAL HISTORY OF CHILD

Please take note: A copy of your child's Baptism Certificate ***MUST*** accompany this form for incoming 1st graders, if new to the Parish or if highlighted.

BAPTISM DATE _____

CHURCH _____

RECONCILIATION DATE _____

CHURCH _____

COMMUNION DATE _____

CHURCH _____

EMERGENCY CONTACT INFORMATION

LOCAL EMERGENCY PHONE & CONTACT NAME: _____

MOTHER'S WORK NUMBER: _____

MOTHER'S CELL NUMBER: _____

FATHER'S WORK NUMBER: _____

FATHER'S CELL NUMBER: _____

VOLUNTEERS NEEDED...

Teacher Babysitting General helper
Aide Substitute Desired grade level preference _____

All volunteers need to complete the Diocese of Bridgeport Safe Environment Program.

Date Received _____



REQUIRED INFORMATION – PLEASE CHECK YES IF ANY OF THESE CONDITIONS APPLY.

PLEASE EXPLAIN...

DOES YOUR CHILD...

...have a physical or learning disability, i.e. modification, para?	YES	_____
...take any medications?	<input type="checkbox"/>	_____
...have any food allergies?	<input type="checkbox"/>	_____
...have any medical problems i.e. asthma, diabetes, seizures, etc.?	<input type="checkbox"/>	_____

PARENTAL AGREEMENT

As a Christian parent at St. Edward the Confessor Parish, we ask that you fulfill the following requirements of our program. We take this agreement very seriously and ask that you do the same.

- ? Faithful attendance at Sunday Mass
- ? Attendance at all parent-teacher-Parish meetings
- ? Supervision of a child' s weekly study and written religion homework
- ? Registration (as a supporting member of our Parish) on the Parish mailing and envelope list
- ? Adherence to our Code of Conduct

I wish to enroll my child _____

In Grade _____ for the School year 2009-2010.

Parent/Guardian signature & date

REGISTRATION FEES GRADES 1-8

BEFORE APRIL 30TH

FEE PER CHILD	\$ 130.00
FAMILY MAX	\$ 350.00

AFTER APRIL 30TH

FEE PER CHILD	\$ 175.00
FAMILY MAX	\$ 450.00

ADDITIONAL SACRAMENTAL PREP FEES

2ND GRADE RECONCILIATION.....	\$ 50.00
3RD GRADE COMMUNION	\$ 50.00

9TH GRADE REGISTRATION & CONFIRMATION PREP FEE

FEE PER CHILD	\$ 175.00
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CATHOLIC SCHOOL FEES

2ND GRADE RECONCILIATION	\$ 100.00
3RD GRADE COMMUNION.....	\$ 100.00
9TH GRADE CONFIRMATION	\$ 175.00

METHOD OF REGISTRATION PAYMENT (OFFICE USE)

CHECK # _____ CASH AMOUNT _____

MASTERCARD # _____ EXP. DATE _____

VISA # _____ EXP. DATE _____

MAKE CHECK PAYABLE TO SAINT EDWARD CHURCH

CARDHOLDER SIGNATURE _____