

FAMILY LAST NAME \_\_\_\_\_  
 Address \_\_\_\_\_  
 City / Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Email \_\_\_\_\_

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Registered in the Parish?  YES  NO

# ST. GENEVIEVE FAITH FORMATION REGISTRATION 2017-2018

**For Office Use Only**

Date Completed \_\_\_\_\_  
 Amount Due \_\_\_\_\_  
 Reduction \_\_\_\_\_  
 Amount Paid \_\_\_\_\_  
 Cash \_\_\_\_\_ Check #1 \_\_\_\_\_  
 #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_  
 #5 \_\_\_\_\_ Scholarship \_\_\_\_\_

## WITNESS TO FAITH - VOLUNTEERING

**And how will there be preachers if they are not sent?  
 As scripture says: How beautiful are the feet of the messenger of good news. John 10:15**

Our Faith Formation Program is seen as a cooperative - a partnership in which everyone is **expected** to participate.  
 Prayerfully consider if you are called to serve as a Catechist or Catechist Assistant,  
 if you feel you cannot serve in either role please consider serving as a Classroom Aide. Your witness is invaluable.  
 Please consider your gifts and indicate in which areas you feel called to serve. - Father Greg Esty

**Faith Formation Program**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Catechist (Receive 50% off tuition) Grade _____<br><input type="checkbox"/> Catechist Assistant (Receive 25% off tuition) Grade _____<br><input type="checkbox"/> Classroom Aide (2 X / year ) unless a catechist or assistant<br><input type="checkbox"/> Photography<br><input type="checkbox"/> VBS Support beginning in February | <input type="checkbox"/> Front Door / Drop Off Monitor<br><input type="checkbox"/> Parking Lot Attendant<br><input type="checkbox"/> Substitute Catechist<br><input type="checkbox"/> Chaperone<br><input type="checkbox"/> Miscellaneous Odd Jobs | <input type="checkbox"/> Hall Monitor<br><input type="checkbox"/> Prayer Team<br><input type="checkbox"/> Reception / Baking / Food Prep<br><input type="checkbox"/> Other _____ |
|---|--|--|

- Youth Middle School Ministry (thru High School)**
- Gift Expo Fund Raiser (November)
  - Other Fundraising Activities
  - Catholic Heart Mission Trip
  - Other \_\_\_\_\_
  - Driver / Chaperone

- Parish Family Events**
- Set Up / Tear Down
  - Food Prep  Servers  Clean Up
  - Support Team (ie, Greeters, Photography, Pre -Event Support, Event Night or Day Support)

## Family and Student Information and Releases

Father / Guardian	Religion	Cell Phone	Work Phone
Mother Guardian	Religion	Cell Phone	Work Phone

Children live with:  Both Parents  Mother  Father  Guardian  
 In case of separation or divorce who has custody of the children \_\_\_\_\_  
 Are there pick up arrangements we need to be aware of? \_\_\_\_\_ Please specify: \_\_\_\_\_

Parent will pick up child(ren) \_\_\_\_\_ Children are carpooling \_\_\_\_\_ with:  
 Due to safety concerns children will not be released to the parking lot or to outside. Parent or Designated Responsible Party must pick up child(ren) from classroom. Please park in the lot and come inside the building to pick up your child(ren) (Please see handbook).

Emergency Contact:		Doctor Name:	
Relationship:		Doctor Phone:	
Emergency Phone:			
<b>CHILD 1: FIRST NAME</b>		<b>LAST NAME</b>	
Gender	Birth Date	Baptismal Date	Parish
		City	State
		Penance	Eucharist
			Confirmation

Enrolling for:  Wednesday After School Program (Grades K-5)  Wednesday Evening Program (Grades K-8)  Children's Liturgy (pre / K)  
 Confirmation Year 1 (Wednesday Evenings)  Confirmation Year 2 (Wednesday Evenings)  Home School (Not for Sacraments)

Special Needs to be conveyed to catechist:  ADD/ADHD  Allergies  Asthma  Diabetes  Seizures  Other \_\_\_\_\_

Other Pertinent Information and Specifics: \_\_\_\_\_

Please turn form over to enroll additional child(ren) and/or to complete registration

CHILD 2: FIRST NAME		LAST NAME				GRADE ENTERING:		
<u>Gender</u>	<u>Birth Date</u>	<u>Baptismal Date</u>	<u>Parish</u>	<u>City</u>	<u>State</u>	<u>Penance</u>	<u>Eucharist</u>	<u>Confirmation</u>

Enrolling for:  Wednesday After School Program (Grades K-5)  Wednesday Evening Program (Grades K-8)  Children's Liturgy (pre / K)  
 Confirmation Year 1 (Wednesday Evenings)  Confirmation Year 2 (Wednesday Evenings)  Home School (Not for Sacraments)

Special Needs to be conveyed to catechist:  ADD/ADHD  Allergies  Asthma  Diabetes  Seizures  Other  
Other Pertinent Information and Specifics \_\_\_\_\_

CHILD 3: FIRST NAME		LAST NAME				GRADE ENTERING:		
<u>Gender</u>	<u>Birth Date</u>	<u>Baptismal Date</u>	<u>Parish</u>	<u>City</u>	<u>State</u>	<u>Penance</u>	<u>Eucharist</u>	<u>Confirmation</u>

Enrolling for:  Wednesday After School Program (Grades K-5)  Wednesday Evening Program (Grades K-8)  Children's Liturgy (pre / K)  
 Confirmation Year 1 (Wednesday Evenings)  Confirmation Year 2 (Wednesday Evenings)  Home School (Not for Sacraments)

Special Needs to be conveyed to catechist:  ADD/ADHD  Allergies  Asthma  Diabetes  Seizures  Other  
Other Pertinent Information and Specifics \_\_\_\_\_

CHILD 4: FIRST NAME		LAST NAME				GRADE ENTERING:		
<u>Gender</u>	<u>Birth Date</u>	<u>Baptismal Date</u>	<u>Parish</u>	<u>City</u>	<u>State</u>	<u>Penance</u>	<u>Eucharist</u>	<u>Confirmation</u>

Enrolling for:  Wednesday After School Program (Grades K-5)  Wednesday Evening Program (Grades K-8)  Children's Liturgy (pre / K)  
 Confirmation Year 1 (Wednesday Evenings)  Confirmation Year 2 (Wednesday Evenings)  Home School (Not for Sacraments)

Special Needs to be conveyed to catechist:  ADD/ADHD  Allergies  Asthma  Diabetes  Seizures  Other  
Other Pertinent Information and Specifics \_\_\_\_\_

**Please furnish a copy of Baptismal Certificate to the Parish Office for all children who are preparing to receive a Sacrament this year. (Reconciliation, Eucharist, Confirmation) Thank you.**

<p><b><u>RATE OF TUITION</u></b> (per student registered in parish)</p> <p>Preschool / Kindergarten (<i>Children's Liturgy</i>) No Charge  Kindergarten /1st Grade (Catechesis of the Good Shepherd) \$70.00  <i>Preschoolers may request to enroll</i></p> <p>Primary (2nd - 5th Grade) \$70.00  Secondary (Middle School) \$70.00  *Confirmation (9th Grade and Up) \$70.00  *Retreat Fees not included in tuition</p> <p style="text-align: center;"><b>Family Maximum \$250.00</b>  <b>Unregistered Families \$100 / child</b>  contact Parish Office to Register 651.429.7937</p>	<p><b><u>Payment Plans</u></b></p> <ul style="list-style-type: none"> <li>➤ Payment may be returned with registration</li> <li>➤ Registered families may use payment stubs enclosed in registration packet</li> </ul> <hr/> <p><b><u>Scholarship</u></b></p> <ul style="list-style-type: none"> <li>➤ Scholarships are available for families requesting assistance.</li> </ul> <p style="text-align: center;"><i>Please contact Valerie Noll 651-235-8627</i></p>
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**MEDICAL RELEASE** In case of accident or illness, I request that the representative of the parish faith formation program contact me. If I am unable to be reached, I hereby authorize the representative to call the physician indicated and to follow the physicians instructions. If it is impossible to contact this physician, the representative of the parish faith formation program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and / or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

\_\_\_\_\_ Parent / Guardian Signature \_\_\_\_\_ Date

**PHOTO RELEASE** I hereby consent to and authorize the use and reproduction by the Church of St. Genevieve of any and all photographs and other audiovisual materials taken of my son / my daughter / my ward for newsletters, bulletins, parish website, educational activities or any other use for the benefit of the program. Children will not be identified by name and images will not be used for any non program related purposes.

\_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_ Date

**Submit to: St. Genevieve's Faith Formation Attn: Valerie Noll 7087 Goiffon Road, Centerville MN 55038**