

St. Richard Parish
New Child Faith Formation Registration Form
2010-2011
724-444-1971

Please print all information. All fields are required to be completed unless otherwise noted. Registration Deadline is September 1st. Registrations received after this date will not be processed until after September 15th with placement in a specific program/session/section based on space availability.

Child's Name: _____
LAST FIRST MIDDLE

Date of Birth: ___ / ___ / _____ Grade entering in 09/2010: _____
 Public School Attending: _____

Parent or Guardian's Name: _____
LAST FIRST MI

Address: _____
 City: _____ State: _____ Zip Code: _____ - _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____ *To be used for communications throughout the Faith Formation year. Please notify the office if this changes.

Emergency Contact: _____
FIRST MI LAST

Phone Number: _____ Relationship to child: _____

Please select a session from the options listed. Descriptions of each program are attached. Once a section assignment has been made, there will be **no changes unless formally requested in writing and received by September 1, 2010 to ensure processing**. Special requests must be noted below.

On-Site Sessions:

- Sunday 3:30 PM – 5:00 PM Grades 6-8
- Tuesday 4:30 PM – 6:00 PM Grades K-5
- Wednesday 4:30 PM – 6:00 PM Grades Pre-K4 through Grade 5
- Wednesday 6:45 PM – 8:00 PM Grades 1-8
- Thursday 4:30 PM – 6:00 PM Grades K through Grade 5

- Family Program**
- Faith Formation for Persons with Special Needs**

Home Site: _____
 (Please list home site name)

Please List any other information we should be aware of regarding special needs, learning disabilities, physical disabilities, allergies, medication, or stressful family situations, that will help our staff better tend to the needs of your child. This information is kept confidential and only shared with your child's catechist and room aide.

Book & Supplies Fee if submitted after June 30, 2010 – If submitted before June 30, there is a \$10.00 discount.

| | Parishioner | Non-parishioner |
|-------------------------------|--------------------|------------------------|
| One Child | \$70.00 | \$ 95.00 |
| Two Children | \$90.00 | \$115.00 |
| Three or more Children | \$105.00 | \$135.00 |

A 50% discount is offered to volunteer teachers or aides in our on-site and home-site programs. If the rate is a hardship, please notify the Faith Formation Office in writing; grants are available.

Sacramental Information:

Is your child baptized? Yes No
Church of Baptism: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____ - _____

If your child was not baptized at Saint Richard, a copy of their Baptismal Certificate must be submitted with this registration.

Has the child received the Sacrament of Reconciliation? Yes No
Name and address of administering parish: _____

Has the child received the Sacrament of Holy Eucharist? Yes No
Name and address of administering parish: _____

Has the child received the Sacrament of Confirmation? Yes No
Name and address of administering parish: _____

Please describe any previous Religious Education/Faith Formation: *(Please attach documentation if available)*

Parental Information:

Father:

LAST FIRST

Address if different from child's:

Religion: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Occupation: _____

Mother:

MAIDEN FIRST

Address if different from child's:

Religion: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Occupation: _____

Family Situation: Please check the appropriate box

- Child lives with both parents/same last name
- Child lives with both parents/different last names. Please provide name: _____
- Child lives with only one parent: Mother Father
- Child lives with Guardian. Please provide name: _____

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____
Please print Name: _____

Faith Formation Office Use Only

Date received: ____ / ____ / ____ Grant: \$ _____ Baptized at St. Richard: Yes No
Cash Check Discount Baptism Certificate on File Yes No
Amount Rec'd: \$ _____ Check No.: _____ Section: _____ Room: _____