

ST ISIDORE THE FARMER AREA FAITH FORMATION

2016-2017 REGISTRATION FORM

Churches of St. Francis, St. Malachy, St. Bridget, Sacred Heart, St. John's and Visitation

Family Last Name	
Mailing Address	
Home Phone Number	

FOR OFFICE USE ONLY	
Date rec'd	_____
Amount	_____
Check#	<input type="checkbox"/> Cash <input type="checkbox"/>

Child(ren) live with: both parents Mother Father Grandparents Guardian

**Please let us know the best way to get ahold of you. E-mail Text Phone

Father's Name		Mother's Name			
Religion		Religion			
Work Number		Work Number			
Cell Number		Text <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell Number		Text <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail		E-mail			

Parish in which you are registered: _____

Member of: **St. Francis** **St. Malachy** **St. Bridget** **Sacred Heart** **St. John's**

Emergency Contact:		
	(name)	(phone number)

STUDENT INFORMATION *List all children in Grades 1-11 (from youngest to oldest)*

<u>First and Last Name</u>	<u>Birthday</u>	<u>Gender</u>	<u>Grade (Fall 2016)</u>	<u>School Attending</u>	<u>Place of Baptism</u>
PLEASE INDICATE DATE AND PLACE OF BAPTISM FOR EACH CHILD					

Continue on back – please complete the entire form.

Sacramental Preparation for children in Grades 4-11 who have not celebrated First Reconciliation/First Eucharist

<u>Name</u>	<u>Grade</u>	<u>Gender</u>	<u>Church of Baptism</u>	<u>Year</u>

Are there any special needs/concerns (Physical, Emotional, Educational, Allergies, Other, etc) that we should be aware of? Please list below any allergies and special needs that we need to be aware of? :

VOLUNTEER OPPORTUNITIES

<input type="checkbox"/> CATECHIST (teach a class) Grade	<input type="checkbox"/> HELP WITH MUSIC	<input type="checkbox"/> CHAPERONE
<input type="checkbox"/> SUBSTITUTE CATECHIST	<input type="checkbox"/> BAKE BARS, COOKIES	<input type="checkbox"/> DRIVER
<input type="checkbox"/> CLASSROOM AIDE	<input type="checkbox"/> HELP PREPARE/SERVE SPECIAL MEALS	<input type="checkbox"/> PHOTOGRAPHY
<input type="checkbox"/> HELP w/YOUTH ACTIVITIES	<input type="checkbox"/> HELP COMPILE HOME PACKETS	<input type="checkbox"/> HELP with MAILINGS

PHOTO/VIDEO RELEASE FORM FOR 2016-2017 YEAR

I hereby give permission for my child(ren) (name them) _____
to be photographed or videotaped by the St. Isidore the Farmer Area Faith Community. I realize that the photo may be published in the newspaper or website. The video may be used for educational or informational purposes regarding the programs or curriculum with the St. Isidore the Farmer Area Faith Community.

Signed	_____	Date	_____
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REGISTRATION FEES

Grades 1, 3 – 10 is \$40 X _____ = _____ (Out of Parish is \$55 per students)

Sacramental Programs: Grades 2 & 11 is \$55 X _____ = _____ (Out of Parish is \$100 per student)

Total tuition \$ _____ In Area family maximum is \$110

(Please contact area office if financial aid is required. No student will be turned away due to financial reasons)

Make checks payable to your home parish and Return to Area Office by September 7, 2016