

**St. Alphonsus Catholic Church  
2018-2019 Faith Formation Family Registration Form**

**Family Contact Information**

Father's Name: \_\_\_\_\_  
 Father's Email\*: \_\_\_\_\_ Father's Phone No.: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_  
 Mother's Email\*: \_\_\_\_\_ Mother's Phone No.: \_\_\_\_\_  
 Alternate Family Phone Numbers: \_\_\_\_\_  
 Present Address of Student(s): \_\_\_\_\_  
 \*By sharing your e-mail address above, you are consenting to receiving Faith Formation & Parish email updates.

**Emergency Contact**

Emergency Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

**Text Message Alerts**

To receive text message alerts for program delays and cancellations, please share any cell phone numbers (standard data fees and text messaging rates may apply based on your plan). **Cell #s:** \_\_\_\_\_

**Photo Permission**

St. Alphonsus Church of Brooklyn Center, MN, would like your permission to use your child/ren's photo (without name identification) in the bulletin, on the website or in parish publicity information. This includes group sacrament photos.  
**Parent/Guardian Signature:** \_\_\_\_\_

**For Payment by Credit Card**

Amount to be Charged: \$ \_\_\_\_\_ Credit Card No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Name on Card: \_\_\_\_\_ Zip Code: \_\_\_\_\_ CVV: \_\_\_\_\_  
 Expiration Date (MM/YYYY): \_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

**Office Use Only**

Total No. of Children: _____ x \$ _____ = \$ _____	Date Registered: _____
Amount Paid: \$ _____	Received by: _____
Payment Plan _____	Balanced Owed: \$ _____
	Type of Payment: <i>Credit Card / Check / Cash</i>
	Check No.: _____
	Receipt No.: _____

**Faith Formation Fees 2018-2019**

**From June 16 to September 1 (Early Registration):**

- \$100.00/child (Max: \$300.00 /family).
- Early registration must be paid in full upon submission of registration form.
- Early registration ends September 2, 2018.

**From September 2 until December 31 (Regular Payment Plan)**

- \$110.00 /child (Max: \$330.00/family).
- Registration must include initial payment of \$30.00 upon submission of registration form.

**January 1 (Late Fee Registration)**

- \$125.00 per child (max \$345.00/family)

**Archdiocesan Liability & Indemnity Agreement:** By submitting this form you agree to the Archdiocesan liability and indemnity agreement. A copy of this agreement will gladly be given to you upon request. Please contact faith formation staff to obtain a copy of this release if you so desire.

Family Last Name

### Child #1 Registration

<b>Preference of Class Day</b> <i>Please indicate which class day your child will attend.</i>	
<input type="checkbox"/> Wednesday, Grades 3-12, 6:30pm-8:00pm <span style="margin-left: 200px;"><input type="checkbox"/> Saturday, Grades K-7, 9:30am-11:00am</span>	

Child's Information
<b>Child's Last Name:</b> _____ <b>Child's First &amp; Middle Name:</b> _____ <b>Date of Birth</b> (MM / DD / YYYY): ____ / ____ / _____ <b>Grade Level 2018-2019:</b> _____ <b>Male or Female:</b> M / F <b>Language Learning Preference</b> (circle one): Spanish / English / No Preference <b>Was your child enrolled in a Religious Education program before?</b> Yes / No <b>Health Concerns &amp; Special Needs:</b> (Please list health issues, allergies, special needs, disabilities, etc.)  

Sacraments		
<i>Please submit a baptismal certificate if your child has been baptized.</i>		
My child <b>has been</b> baptized.	<b>Yes</b>	<b>No</b>
My child <b>has received</b> first communion.	<b>Yes</b>	<b>No</b>
My child <b>has been</b> confirmed.	<b>Yes</b>	<b>No</b>
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### Child #2 Registration

<b>Preference of Class Day</b> <i>Please indicate which class day your child will attend.</i>	
<input type="checkbox"/> Wednesday, Grades 3-12, 6:30pm-8:00pm <span style="margin-left: 200px;"><input type="checkbox"/> Saturday, Grades K-7, 9:30am-11:00am</span>	

Child's Information
<b>Child's Last Name:</b> _____ <b>Child's First &amp; Middle Name:</b> _____ <b>Date of Birth</b> (MM / DD / YYYY): ____ / ____ / _____ <b>Grade Level 2018-2019:</b> _____ <b>Male or Female:</b> M / F <b>Language Learning Preference</b> (circle one): Spanish / English / No Preference <b>Was your child enrolled in a Religious Education program before?</b> Yes / No <b>Health Concerns &amp; Special Needs:</b> (Please list health issues, allergies, special needs, disabilities, etc.)  

Sacraments		
<i>Please submit a baptismal certificate if your child has been baptized.</i>		
My child <b>has been</b> baptized.	<b>Yes</b>	<b>No</b>
My child <b>has received</b> first communion.	<b>Yes</b>	<b>No</b>
My child <b>has been</b> confirmed.	<b>Yes</b>	<b>No</b>

### Child #3 Registration

<b>Preference of Class Day</b> <i>Please indicate which class day your child will attend.</i>		
<input type="checkbox"/> Wednesday, Grades 3-12, 6:30pm-8:00pm	<input type="checkbox"/> Saturday, Grades K-7, 9:30am-11:00am	

Child's Information
<b>Child's Last Name:</b> _____ <b>Child's First &amp; Middle Name:</b> _____ <b>Date of Birth</b> (MM / DD / YYYY): ____ / ____ / _____ <b>Grade Level 2018-2019:</b> _____ <b>Male or Female:</b> M / F <b>Language Learning Preference</b> (circle one): Spanish / English / No Preference <b>Was your child enrolled in a Religious Education program before?</b> Yes / No <b>Health Concerns &amp; Special Needs:</b> (Please list health issues, allergies, special needs, disabilities, etc.)

Sacraments		
<i>Please submit a baptismal certificate if your child has been baptized.</i>		
My child <b>has been</b> baptized.	<b>Yes</b>	<b>No</b>
My child <b>has received</b> first communion.	<b>Yes</b>	<b>No</b>
My child <b>has been</b> confirmed.	<b>Yes</b>	<b>No</b>
* * * * *		

### Child #4 Registration

<b>Preference of Class Day</b> <i>Please indicate which class day your child will attend.</i>		
<input type="checkbox"/> Wednesday, Grades 3-12, 6:30pm-8:00pm	<input type="checkbox"/> Saturday, Grades K-7, 9:30am-11:00am	

Child's Information
<b>Child's Last Name:</b> _____ <b>Child's First &amp; Middle Name:</b> _____ <b>Date of Birth</b> (MM / DD / YYYY): ____ / ____ / _____ <b>Grade Level 2018-2019:</b> _____ <b>Male or Female:</b> M / F <b>Language Learning Preference</b> (circle one): Spanish / English / No Preference <b>Was your child enrolled in a Religious Education program before?</b> Yes / No <b>Health Concerns &amp; Special Needs</b> (Please list health issues, allergies, special needs, disabilities, etc.):

Sacraments		
<i>Please submit a baptismal certificate if your child has been baptized.</i>		
My child <b>has been</b> baptized.	<b>Yes</b>	<b>No</b>
My child <b>has received</b> first communion.	<b>Yes</b>	<b>No</b>
My child <b>has been</b> confirmed.	<b>Yes</b>	<b>No</b>

## Faith Formation Volunteer Registration

### Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email\*: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Date of Birth (MM / DD / YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*By providing your email address above, you are consenting to receiving Faith Formation & Parish email updates.

### Volunteer Positions

#### Catechist

I would like to assist by teaching faith formation classes as a catechist or co-catechist.

\_\_\_\_\_ For Wednesday \_\_\_\_\_ For Saturday

#### Classroom & Hallway Aide

I would like to assist in the classroom, the hallway or other in administrative positions.

\_\_\_\_\_ For Wednesday \_\_\_\_\_ For Saturday

#### Substitute Catechist

I would like to assist as a rotating substitute Catechist.

#### Support Volunteer

I would like to volunteer during the week by making copies, organizing supplies, and behind the scenes.

#### Benefactor

I am not able to donate time, but would like to donate food, supplies or sponsor a child.

### Text Message Alert\*

To receive text message alerts for program delays and cancellations, please share any cell phone numbers (Standard data fees and text messaging rates may apply based on your plan):

### Catechetical Background

Have you taught a Religion Education class before? **Yes** **No**

If yes, where? \_\_\_\_\_

What grade(s) \_\_\_\_\_ How many years? \_\_\_\_\_

### References

Parish Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

Parishioner: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal: \_\_\_\_\_ Phone: \_\_\_\_\_

### Essential 3

Virtus: **Yes** **No** Where and when: \_\_\_\_\_

Code of Conduct: **Yes** **No**

Background Check: **Yes** **No**