

ST. PASCAL PARISH FAITH FORMATION REGISTRATION FORM
 Sunday Morning, Wednesday Evening, and Sacramental Prep
 for 2008-2009

FOR OFFICE USE:
 _____Baptism Cert.
 _____Faith Formation Fee (Check #_____ Date_____)
 _____Sacrament Prep Fee (Check#_____ Date_____)

Last Name of Child(ren) _____ Home Phone (with area code)_____

Address _____
 Street City Zip Code

Parent(s)/Guardian/Adult Responsible for Faith Formation:

Father's Name _____ Religion _____ 2nd Phone _____ E-mail _____
 (First) (Last)

Mother's Name _____ Religion _____ 2nd Phone _____ E-mail _____
 (First) (Last)

Children reside with: Mother _____ Father _____ Both _____

Faith Formation Fees
 Wednesday PM or Sunday AM:
 \$50 for 1st child, \$40 for each
 additional child (max \$130)
 Reconciliation and Eucharist
 Sessions: \$35 per child

If mailings should be sent to an additional address, please fill in name and address here:

Please fill in all requested information and indicate which session(s) each child is registering for.						SACRAMENTS RECEIVED			SACRAMENTAL PREPARATION NEEDED			SUNDAY MORNING SESSIONS		WEDNESDAY EVENING SESSIONS
Child's COMPLETE Name (Baptismal)	Sex M/F	Date of Birth	Age as of 9/1/08	Grade as of 9/1/08	School Attending 2008-09	Baptism**	Eucharist	Reconciliation	Baptism	First Eucharist (grade 2 and up)	First Reconciliation (grade 4 and up)	Pre-K and K 8:45 am	Pre-K and K 10:30 am	Grade 1-8 6:30-7:45 pm
1.														
2.														
3.														

**Church of Baptism: _____ (A copy of baptismal certificate is required for First Eucharist)

PLEASE COMPLETE OTHER SIDE—THANK YOU!

NUMBER TO CALL IN CASE OF AN EMERGENCY (other than home phone)

Name_____ Relationship to Child_____ Phone_____

Is there anyone who CANNOT pick up your children?_____

SPECIAL NEEDS

We want to be as sensitive as possible to the needs of our families. Please indicate any special circumstances affecting your children which we need to be aware of (special needs can include ADD, ADHD, LD, food allergies, chronic illness, hearing/speech difficulty, medication, etc.). Also let us know if there are any life events that we may need to be aware of (recent separation/divorce, new baby, new home, death). In doing so, you will help us to better serve you and your children.

Do any of the children who are enrolling have a physical or learning difficulty? Yes_____ No_____

If yes, please give the name of the child, the special need, and how we can help.

Does this child attend special education classes in public school? Yes_____ No_____

YES, I'D LOVE TO HELP IN THE FAITH FORMATION MINISTRIES AS...

Please check all that apply!

Grade 1-8 Catechist_____ (Grade Level_____)

Sunday Pre-K Catechist 8:45 am_____ 10:30 am_____

Grade 1-8 Assistant_____ (Grade Level_____)

Sunday Pre-K Substitute 8:45 am_____ 10:30 am_____

Grade 1-8 Substitute_____

Liturgy of the Word Catechist 8:45 am_____ 10:30 am_____

Wednesday Evening Hall Monitor/Office Worker_____

Vacation Bible School Team_____

Helping with Sacramental Preparation for: Eucharist_____ Reconciliation_____ Both_____

YOUR NAME: _____

PLEASE RETURN COMPLETED FORM AND APPLICABLE FEES TO:
KIM ROERING, CHURCH OF ST. PASCAL BAYLON, 1757 CONWAY STREET, ST. PAUL, MN 55106