

**ST. PASCAL PARISH FAITH FORMATION REGISTRATION FORM**  
**Sunday Morning and Wednesday Evening**  
**for 2010-2011**

**FOR OFFICE USE:**

\_\_\_\_ Baptism Certificate  
 \_\_\_\_ Faith Formation Fee (Check # \_\_\_\_\_ Date \_\_\_\_\_)  
 \_\_\_\_ Sacrament Registration form in (if needed)

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 \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 (First) (Last)

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 (First) (Last)

Children reside with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_

**Faith Formation Fees**

**Wednesday PM or Sunday AM:**  
 \$55 for 1<sup>st</sup> child, \$45 for each  
 additional child (max \$145)  
**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 9/1/10	Grade as of 9/1/10	School Attending 2010-11	Baptism *	Eucharist	Reconciliation	Baptism	1 <sup>st</sup> Eucharist** (grade 2 and up)	1 <sup>st</sup> Reconciliation** (grade 2 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.															

\*A copy of baptismal certificate is required for First Eucharist.

\*\* If sacramental prep is needed, please fill out additional sacrament prep registration form.

**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**