

ST. RAYMOND FAITH FORMATION REGISTRATION 2017-2018 Grades 1-5

Our Mission: "To Know Christ Better and to Make Him Better Known."

PLEASE PRINT ALL INFORMATION "COMPLETELY"

FAMILY NAME: _____ HOME PHONE: () _____
area code

FATHER: _____ WORK #: _____ OCCUPATION: _____
first middle last father optional

FATHER CELL: _____ FATHER E-MAIL _____

MOTHER: _____ WORK #: _____ OCCUPATION: _____
first middle last (maiden) Required mother optional

MOTHER CELL: _____ MOTHER E-MAIL _____

ADDRESS: _____
street box # or apt. city state zip code

EMERGENCY CONTACT: _____ RELATIONSHIP: _____
name (other than guardian)

EMERGENCY CONTACT HOME #: _____ EMERG. CONTACT WORK #: () _____

*** ATTENTION-IMPORTANT ***

A copy of the baptismal certificate **must** accompany all registration forms for 2nd grade and RCIC students (4th & 5th graders needing sacraments) including children baptized at St. Raymond Parish.

Forms will NOT be processed until certificate is received.

I am interested in being a Religious Education Teacher:
 Yes ___ No ___
 Full time: ___ Team: _____
 Team with: _____

<i>Make checks payable to: St. Raymond Parish</i>	
<i>Credit card accepted in office Only</i>	
1 Child: \$110.00	\$ _____
2 Children: \$180.00	\$ _____
3 or more Children: \$240.00	\$ _____
*ALL 2nd grade students and any other students needing Sacraments, this year add: Sacrament Fee \$70.00 * \$ _____	
Tuition Fees	\$ _____
Early Registration Discount by <u>June 30th</u> \$25	\$ _____
Total Tuition Fees	\$ _____
50% tuition <u>must be</u> received with form	\$ _____
Balance Due	\$ _____
Payment Plan Needed (check box)	<input type="checkbox"/>

In case of emergency, I give permission to St. Raymond's Religious Ed. Staff to administer medical treatment to my child/children, in the event I or the Emergency Contact cannot be reached.

Parent Signature _____ Date: _____

I authorize St. Raymond to have and use photographs, slides and/or video of my child and hereby consent to and authorize such use without seeking compensation.

Parent Signature _____ Date: _____ (Please complete both sides)

Office use only: cash _____ check# _____ cc _____ date _____
 Office use only: cash _____ check# _____ cc _____ date _____

Entered in Computer _____
 CC _____ Initial _____

FIRST CHILD: _____ SEX: _____
first middle last

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
city state

GRADE ENTERING SEPT. 2017: _____ CLASS DAY PREFERRED: TUES-4-5:30 WED-4-5:30 WED-6-7:30
First year in Faith Formation: yes no (circle one) (Please check one box)

Children in grades 4th & 5th in second year Sacrament Prep: RCIC CLASS _____ WED 4-5:30 _____ WED 6-7:30

Sacrament	Baptism	First Reconciliation	First Communion
Date Received			
Parish Received			
City & State			

SECOND CHILD: _____ SEX: _____
first middle last

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
city state

GRADE ENTERING SEPT. 2017: _____ CLASS DAY PREFERRED: TUES-4-5:30 WED-4-5:30 WED-6-7:30
First year in Faith Formation: yes no (circle one) (Please check one box)

Children in grades 4th & 5th in second year Sacrament Prep: RCIC CLASS _____ WED 4-5:30 _____ WED 6-7:30

Sacrament	Baptism	First Reconciliation	First Communion
Date Received			
Parish Received			
City & State			

THIRD CHILD: _____ SEX: _____
first middle last

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
city state

GRADE ENTERING SEPT. 2017: _____ CLASS DAY PREFERRED: TUES-4-5:30 WED-4-5:30 WED-6-7:30
First year in Faith Formation: yes no (circle one) (Please check one box)

Children in grades 4th & 5th in second year Sacrament Prep: RCIC CLASS _____ WED 4-5:30 _____ WED 6-7:30

Sacrament	Baptism	First Reconciliation	First Communion
Date Received			
Parish Received			
City & State			

Please list any medical problems or allergies that we should be aware of (along with child's name):

Child One: _____
name

Child Two: _____
name

Child Three: _____
name