

**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 2<sup>nd</sup> grade and RCIC students (4<sup>th</sup> & 5<sup>th</sup> 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: \_\_\_\_\_

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