



# COGNOSCOS DEUM

"We know God"

FAITH FORMATION PROGRAM FOR THE CHURCHES OF BLESSED SACRAMENT, SAINT THOMAS THE APOSTLE, & SAINT JOHN

## Faith Formation Registration Form 2011 - 12

Please register by September 12, 2011 to avoid \$25 late fee.

### PARENT INFORMATION

Mother's Legal Name: \_\_\_\_\_  
*First Middle Last*

Father's Legal Name: \_\_\_\_\_  
*First Middle Last*

Mother's Maiden Name: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_

Mother's E-mail: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_

Father's E-mail: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Child(ren) live with: \_\_\_\_\_ (Both parents, mother, father, other?)

Custody issues: \_\_\_\_\_

Parish members of: \_\_\_\_\_ (Blessed Sacrament, St. Thomas, St. John, other?)

**Are you interested in learning about the process to become Catholic or about receiving missing Sacraments? Please check here \_\_\_\_\_**

### STUDENT INFORMATION

Child's Name: \_\_\_\_\_  
*First Middle Last*

Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Gender: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

Baptism (church & date): \_\_\_\_\_

First Reconciliation (church & date): \_\_\_\_\_

First Eucharist (church & date): \_\_\_\_\_

Any medical, learning, or behavioral issues we should be aware of? \_\_\_\_\_

Child's Name: \_\_\_\_\_  
*First Middle Last*

Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Gender: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

Baptism (church & date): \_\_\_\_\_

First Reconciliation (church & date): \_\_\_\_\_

First Eucharist (church & date): \_\_\_\_\_

Any medical, learning, or behavioral issues we should be aware of? \_\_\_\_\_

Child's Name: \_\_\_\_\_  
*First Middle Last*

Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Gender: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

Baptism (church & date): \_\_\_\_\_

First Reconciliation (church & date): \_\_\_\_\_

First Eucharist (church & date): \_\_\_\_\_

Any medical, learning, or behavioral issues we should be aware of? \_\_\_\_\_

**Please complete reverse side of this form.**

**EMERGENCY INFORMATION**

In case of emergency, whom should we contact, other than parents?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

In the event of a medical emergency and I cannot be reached, I authorize emergency treatment to be administered to an child(ren) listed on this form.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO RELEASE**

Our Faith Formation Program is enriched by using photos of our students in newsletters, brochures, bulletin boards, and church web site. Children are never identified by name. May we have your permission to use photos that may include your child?

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**TUITION INFORMATION**

*No one is ever turned away from our programs because of inability to pay tuition fees. Please see payment options below, or call Joy Hoffman at 651-735-3707, ext. 14 for more information.*

	Amount
Tuition of \$75 for one child, \$100 for two children, or \$125 for three or more	
Non-parishioner fee: add \$25 per family	
Catechist credit: deduct \$75 per family	
Late fee if registering after September 12, 2010: add \$25 per family	
<b>TOTAL DUE:</b>	

Payment options:

\_\_\_\_\_ Payment in full of \_\_\_\_\_.

\_\_\_\_\_ I would like to discuss making payment arrangements (tuition may be divided into three payments).

\_\_\_\_\_ I would like to discuss full or partial financial assistance.

Attach cash or check made out to Blessed Sacrament.

Registration forms should be returned to Joy Hoffman, Church of the Blessed Sacrament, 1801 LaCrosse Ave., St. Paul, MN 55119.

**OFFICE USE ONLY**

Date: \_\_\_\_\_ Paid: \_\_\_\_\_ Check # \_\_\_\_\_  
 Date: \_\_\_\_\_ Paid: \_\_\_\_\_ Check # \_\_\_\_\_  
 Date: \_\_\_\_\_ Paid: \_\_\_\_\_ Check # \_\_\_\_\_