



# SOWING THE SEEDS: COLLABORATIVE CHRISTIAN FORMATION PROGRAM 2011/12 REGISTRATION FORM

**Family Information:**

FAMILY LAST NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

**STUDENT/S PRIMARY RESIDENCE :**

\_\_\_ BOTH PARENTS    \_\_\_ JOINT CUSTODY    \_\_\_ MOTHER    \_\_\_ FATHER    \_\_\_ GUARDIAN

*In case of an emergency, who (other than a parent) could be contacted & if necessary, allowed to transport your child/ren*

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

**MOTHER'S INFORMATION**

NAME: \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

CATHOLIC?    \_\_\_ YES    \_\_\_ NO

PARISH AT WHICH YOU ARE REGISTERED:  
\_\_\_\_\_

**FATHER'S INFORMATION**

NAME: \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

CATHOLIC?    \_\_\_ YES    \_\_\_ NO

PARISH AT WHICH YOU ARE REGISTERED:  
\_\_\_\_\_

STUDENT FULL NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

**Health Information** (Any unusual problems? Meds, Allergies, Behavioral, Learning challenges) : \_\_\_\_\_

**SACRAMENT INFORMATION**

SACRAMENT RECEIVED	BAPTISM	EUCHARIST	RECONCILIATION	CONFIRMATION
NAME OF PARISH SACRAMENT WAS RECEIVED				
DATE RECEIVED (MONTH/YEAR)				

STUDENT FULL NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

**Health Information** (Any unusual problems? Meds, Allergies, Behavioral, Learning challenges) : \_\_\_\_\_

SACRAMENT INFORMATION

SACRAMENT RECEIVED	BAPTISM	EUCCHARIST	RECONCILIATION	CONFIRMATION
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STUDENT FULL NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

**Health Information** (Any unusual problems? Meds, Allergies, Behavioral, Learning challenges) : \_\_\_\_\_

SACRAMENT INFORMATION

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STUDENT FULL NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

**Health Information** (Any unusual problems? Meds, Allergies, Behavioral, Learning challenges) : \_\_\_\_\_

SACRAMENT INFORMATION

SACRAMENT RECEIVED	BAPTISM	EUCCHARIST	RECONCILIATION	CONFIRMATION
NAME OF PARISH SACRAMENT WAS RECIEVED				
DATE RECEIVED (MONTH/YR)				

## CLASS OPTIONS

Please indicate your preference of class times & sites. Please note, if a classroom reaches capacity, you may have to choose another option.

### Preschool

- St. Paul the Apostle — Sundays During the 10:30 Mass
- St. Rita – Sundays During the 10:30 Mass (1st & 3rd Sundays)

### Elementary

- St. Paul the Apostle (Gr. 1-5) – Sundays 9:15-10:15 AM
- St. Rita (Gr. K-5) – Wednesdays 6:15-7:15 PM

### Family Program (Grades 1-8)

- St. Paul the Apostle – 1st Wed. of the Month 6-7:30 PM

### RCIA for Children (Grades 3-8)

- St. Rita – Wednesdays 5:45 -7:15 PM

### Middle School (Grs. 6-8)

- St. Rita – Wednesdays 6:15-7:45 PM

### RARE High School Program

- St. Paul the Apostle – Sundays 7-8:30 PM
- St. Joseph Parish – Wednesdays 6-7:30 PM

### CONFIRMATION PREPARATION

- St. Paul the Apostle– Sundays 1-2:30 PM

## VOLUNTEER OPPORTUNITIES

**ALL Parents/Guardians MUST sign up to volunteer at least once during the year. You MUST take the Safeguarding God’s Children 3 hour training & are subject to a state and federal background check if you are working directly with children more than once during the year (check with office for information on dates of training).**

*Full Name of Volunteer:* \_\_\_\_\_ *Phone :* \_\_\_\_\_

*Date of Birth:* \_\_\_\_\_ *Sex:* \_\_\_\_\_ *Male* \_\_\_\_\_ *Female*

*Maiden Name /Alias :* \_\_\_\_\_

**Please check the area(s) which you would like to volunteer:**

**CATECHIST:**    Preschool    Elementary    Middle School    High School

**SUBSTITUTE CATECHIST:**    Preschool    Elementary    Middle School    High School

**AIDE/CLASSROOM ASSISTANT:**    Preschool    Elementary    Middle School

**OFFICE ASSISTANT:**    Elementary    Middle School

**CHILDREN’S LITURGY OF THE WORD (St. Paul):**    Catechist                      Catechist Assistant

**CHILDREN’S LITURGY OF THE WORD (St. Rita):**    Catechist                      Sub

### OTHER VOLUNTEER AREAS:

Help with SET-UP/PICK UP for meetings/events

Cookie Baker (or other treats)

Help with special projects or events

Office Help (during the day when needed)

Prayer Checker (Kindergarten—8<sup>th</sup> Grade)

Help - 1<sup>st</sup> Eucharist Workshops (in March)

Youth Ministry Helper (Middle School)

**Hall monitor (Please mark time and grade level for hall monitoring)**

Elementary    Middle School    High School

\_\_\_\_\_ Before classes    \_\_\_\_\_ During    \_\_\_\_\_ After

**Attendance Checker:**

Elementary    Middle School    High School

# SACRAMENT ELIGIBILITY

If you have a child that may be eligible for sacraments, please provide the following information. (Candidates for sacraments must have completed at least one full year of either a parish Religious Education Program or a full Catholic School term):

Candidate's Name \_\_\_\_\_ Age \_\_\_\_\_

Last Completed Grade of Religious Education/Catholic School: \_\_\_\_\_

Sacrament/s Registering for: \_\_\_\_\_

***A Baptismal Certificate must be included with the registration form if your child was not baptized at St. Paul the Apostle or St. Rita Parishes.***

## REGISTRATION FEE INFORMATION

***A \$50 late fee will be added if registration is received after August 15. In order to qualify for the parishioner rate you must be registered with the parish before classes begin.***

	Registered Parishioner	Non-Parishioner
Preschool (K3, K4 & K5) .....	\$60 <u>per child</u>	\$90 <u>per child</u>
Child & Youth Ministry (Gr. 1 <sup>st</sup> thru 8 <sup>th</sup> & RCIA ..... for Children)	\$60 <u>per child</u>	\$90 <u>per child</u>
Intergenerational Family Program - @ St. Paul.....	\$60 <u>per child</u>	\$90 <u>per child</u>
R.A.R.E. Program - High School (Gr. 9, 10 ).....	\$70 <u>per child</u>	\$100 <u>per child</u>

### SACRAMENT PREPARATION FEE:

*(Sacramental fees are in addition to the regular class fees for students in **Grade 2 & the RCIA for children class**)*

1 <sup>st</sup> Reconciliation (Celebrated in the Fall).....	\$30 <u>per child</u>	\$30 <u>per child</u>
1 <sup>st</sup> Eucharist (Celebrated in the Spring).....	\$30 <u>per child</u>	\$30 <u>per child</u>
R.A.R.E. Program – Confirmation (Gr. 11/12).....	\$70 <u>per child</u>	\$100 <u>per child</u>

**Choose your payment plan.**

One payment (enclosed)

Three installments (due dates being: October 15, November 15, January 15).

**Fees charged do not cover the entire cost of the program. The Sowing the Seeds Program is subsidized by the parish community. Please remit your tuition and fees in a timely fashion. Your signature below confirms that you understand your financial responsibility to this program. *If you are unable to pay your portion, please contact the Christian Formation Office or your parish Business Office for a Financial Assistance Form.***

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

*St. Rita Parishioners: Please make checks out to St. Rita Parish  
St. Paul Parishioners: Please make checks out to St. Paul the Apostle Parish*

Send completed Registration form to: **Sowing the Seeds c/o St. Paul the Apostle Church 6400 Spring Street, Racine, WI 53406. A \$50 late fee will be added if registration is received after August 15.**

*For office use only:*

Family Name \_\_\_\_\_ Parish Envelope Number \_\_\_\_\_

TOTAL FEES DUE: \_\_\_\_\_ REGISTRATION FORM Date Received : \_\_\_\_\_ Staff Initial: \_\_\_\_\_

Paid: \_\_\_\_\_ Ck #: \_\_\_\_\_ Date: \_\_\_\_\_ Balance: \_\_\_\_\_

**ALL REGISTRATION FEES PAID IN FULL:      Date: \_\_\_\_\_      C.C. \_\_\_\_\_**