



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
NAME OF PARISH SACRAMENT WAS RECIEVED				
DATE RECEIVED (MONTH/YR)				

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)				

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 6:15-7:30 PM

RARE High School Program

- St. Catherine’s High School — Sundays 6-7:30 PM
- St. Joseph Parish– Wednesdays 6-7:30 PM

CONFIRMATION PREPARATION

- St. Paul the Apostle– Sundays 12:15-1:45 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—8th Grade)

Help - 1st 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 st thru 8 th & 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 st Reconciliation (Celebrated in the Fall).....	\$30 <u>per child</u>	\$30 <u>per child</u>
1 st 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. _____