

Sowing the Seeds: Collaborative Christian Formation

Registration Form – 2009/2010

Student(s) Last Name: _____
 Parent Name: _____
 Parent (or Spouse) Name: _____
 Address: _____
 City/Zip: _____
 Phone: (cell) _____ or (work) _____
 E-mail Address: _____
Religion: _____
Parish: _____

Home Phone: _____
Additional Parent information (If parents are separated/divorced & have joint custody, please provide the following info for the other birthparent)
 Parent Name: _____
 Address: _____
 Phone Number: _____ or (cell #): _____
Religion: _____ **Parish:** _____
Registered Parish Member: Yes _____ No _____

Registered Parish Member: Yes _____ No _____
 Student(s) lives with: _____ Both Parents OR _____ Mother _____ Father _____ Joint Custody

In case of an emergency, who (other than a parent) could be contacted and, if necessary, allowed to transport your child/children.
Name: _____ **Phone#:** _____ **Relationship:** _____

Mark Below ALL

STUDENT(S) INFORMATION

2009-10

Sacraments ALREADY RECEIVED

Name	D.O.B.	Health Information (Any unusual problems? Meds, Allergies, Behavioral, Learning challenges)	Gr.	School	Bapt.	Com.	Rec.	Conf.

CLASS OPTIONS: Please check the appropriate box(es) with your selection(s).

- Preschool:** **St. Rita** - 1st & 3rd Sundays of month, Sept.-April during 10:30 Mass (must be 3 or 4 yrs. old by Sept. 1)
 St. Paul – Sundays during 10:30 Mass (3, 4 & 5 year-olds) (must be required age by Sept. 1)
Preschool class sizes are limited: St. Rita allows up to 10 students; St. Paul allows up to 15.

K thru 5th: Wednesdays (**St. Rita**) - 6:15 to 7:15 p.m.

1st thru 5th: Sundays (**St. Paul**) - 9:15 to 10:15 a.m.

6th thru 8th: Wednesdays (**St. Rita**) - 6:15 to 8:00 p.m. (The Edge -Youth Ministry Program)

Intergenerational (Family) Program K-8th: Wednesday – 6 to 7:15. [**Child(ren) & Parent(s) @ St. Paul**]

R.A.R.E. Program - High School (Gr. 9, 10 & 12): Sundays - 6 to 7:30 p.m. (**St. Catherine**)
 Wednesdays - 6 to 7:30 p.m. (**St. Joseph**)

R.A.R.E. Program – Confirmation (Gr. 11/12): Sundays – 6 to 7:30 p.m. (**St. Catherine**)

ALL Parents/Guardians MUST sign up to volunteer at least once during the year. MUST take the Safeguarding God's Children 3 hr. Training (check with office for information on dates of training)

Please check the area(s) for which you would like to volunteer: *(Please put name of person who wishes to volunteer next to area you are volunteering for.)*

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): Sundays during 10:30 a.m. Mass

CHILDREN'S HOMILY (St. Rita-1st & 3rd Sundays during 10:30 Mass): Catechist Children's Homily Sub

OTHER VOLUNTEER AREAS:

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

Office Help (***during the day when needed***)

Cookie Baker (or other treats)

Prayer Checker (Kindergarten-8th Grade)

Help with special projects or events

Help - 1st Eucharist Workshop (March)

Attendance Checker: Elementary Middle School High School

Youth Ministry Helper (Middle School)

Hall monitor (Before classes During After) Elementary Middle School High School

(Please mark time and grade level for hall monitoring)

FEE INFORMATION

Preschool (K3, K4 & K5)FEE: \$60/per child

Child & Youth Ministry (Gr. 1st thru 8th)..... FEE: \$60/per child

R.A.R.E. Program - High School (Gr. 9, 10 & 12)....FEE: \$70/per child

R.A.R.E. Program – Confirmation (Gr. 11/12).....FEE: \$70/per child

Intergenerational Family Program - @ St. Paul.....FEE: \$60/per child

SACRAMENTAL PREPARATION FEE:FEE: \$60/per child

(1st Eucharist & 1st Reconciliation)

Choose your payment plan.

One payment (enclosed)

Three installments (envelopes will be provided with due dates being: October 15, November 20, January 15).

Checks should be made out to: **ST. RITA PARISH (*if member of St. Rita*)**

ST. PAUL THE APOSTLE PARISH (*if member of St. Paul or St. Sebastian*)

For office use only: TOTAL FEES DUE: _____

Paid: _____	Ck #: _____	Date: _____	Initials: _____	Balance: _____	Registration Form In: _____	Date: _____	Initial: _____
Paid: _____	Ck #: _____	Date: _____	Initials: _____	Balance: _____			
Paid: _____	Ck #: _____	Date: _____	Initials: _____	Balance: _____	ALL REGISTRATION FEES PAID IN FULL:	Date: _____	