

Children's Faith Formation Registration Form

(Includes: Kindergarten-Grade 5 and RCIA for children and youth)

Please Return Completed Form with Check by September 4, 2018
One Form Per Family—Please Print Clearly



Fees: \$35.00 for 1 Child \$50.00 for a family
Scholarships are available as needed

Child's Name(s) _____

Father's Name _____ Religion _____
(not step) Last First Middle

Address _____ City _____ Zip _____

Mother's Name _____ Religion _____
(not step) Last First Middle

Address _____ City _____ Zip _____

Home email: _____

Mom's email: _____ Dad's email: _____

Phone Numbers: Father _____
Mother _____
Home Work Cell

____ We are registered active members of All Saints Parish.

____ We are Not registered but would like to register and be part of All Saints Parish.

____ We are registered active members in another Catholic parish outside of All Saints Parish of Alpena.

Parish name and city: _____

Emergency Contact Person (In case you cannot be reached)

Name: _____ Phone: _____

Relationship to child: _____

Child(ren) living with: Both parents _____ Father _____ Mother _____ Other _____

(If child is not living with both parents, information regarding Faith Formation is shared with both parents unless otherwise stated)

Parental Statement of Commitment

We agree, by continuing to fulfill the promises we made when our child was baptized, to bring our child(ren) to all Faith Formation sessions and liturgies, to participate in all parent sessions, and to further assist in their faith development by helping with homework, by helping them learn designated material, and by being examples of faith in the way we live our everyday lives and actively participate in the life of All Saints Parish of Alpena, which includes weekend attendance at Mass.

Parent or
Guardian's signatures: _____

Please list children in order from oldest to youngest

Child's Full Name	Birth Date	Grade	Sacraments
			Baptism Year _____ Location _____ Reconciliation Yes _____ No _____ Confirmation Yes _____ No _____ First Communion Yes _____ No _____
			Baptism Year _____ Location _____ Reconciliation Yes _____ No _____ Confirmation Yes _____ No _____ First Communion Yes _____ No _____
			Baptism Year _____ Location _____ Reconciliation Yes _____ No _____ Confirmation Yes _____ No _____ First Communion Yes _____ No _____
			Baptism Year _____ Location _____ Reconciliation Yes _____ No _____ Confirmation Yes _____ No _____ First Communion Yes _____ No _____

Comments: Please comment below on any allergies, physical problems, medications, learning, disabilities, or anything else that we should be aware of concerning your child(ren).

Occasionally parent volunteers will be needed: May I contact you? Yes _____ No _____
for classroom help _____ to help with family events _____ for donations _____ other _____

Thank you for all your time and may this be a blessed year for you and your family!

Religious Education Department

Tuition:

Amount Paid _____ **Balance Due** _____

Cash/Check# _____ **Date** _____

\$ _____ **Scholarship Needed**