## **Tri-Parish Faith Formation Program Registration Form 2024-2025**

\*This is a confidential form used only for planning purposes and emergency situations.\*

lease ✓ check your parish: ☐ Immaculate Conception ☐ Sacred Heart	rt St. Rose of Lima Other			
PART I: Registration Please PRINT cle	<u>early</u>			
Family Name:				
O Primary Address	O Primary Address			
Father's Name:	Mother's Name:			
Address:				
Home Phone:	Home Phone:			
Cell Phone:				
E-mail:				
Can you receive texts: Yes No	Can you receive texts: Yes No			
Name of Child				
	Date of Birth Gender: M \[ \subseteq F \[ \]			
School Attending				
Special Needs/Health Issues/Allergies				
Name of Child				
	Date of Birth Gender: M F			
Special Needs/Health Issues/Allergies				
Name of Child				
Grade of Child (School Year: 2024-25)	Date of Birth Gender: M F			
School Attending				
Special Needs/Health Issues/Allergies				
Name of Child				
Grade of Child (School Year: 2024-25)	Date of Birth Gender: M F			
School Attending				
Special Needs/Health Issues/Allergies				
Part II: Emergency Contact				
	behalf if I am not able to be contacted (please list someone other			
•	Relationship:			
Phone # () Work Phon				
	Phone #: ( )			

#### Part III: Fees

If payment of fees presents a difficulty for your family, please contact the Faith Formation Coordinator for options.

Faith Formation Materials Fee: \$70-1st child, \$50-2nd, \$30-3rd child and more

Fees for <b>One</b> Child— <u>BEFORE</u> May 17	\$70	Fees for One Child— <u>AFTER</u> May 17	\$120
Fees for <b>Two</b> Children— <u>BEFORE</u> May 17	\$120	Fees for Two Children— AFTER May 17	\$220
Fees for <b>Three</b> Children— <u>BEFORE</u> May 17	\$150	Fees for Three Children— AFTER May 17	\$300
Fees for <b>Four</b> Children— <u>BEFORE</u> May 17	\$180	Fees for Four Children— AFTER May 17	\$380

#### **Sacred Heart School Parents:**

You do not need to register your child(ren) attending Sacred Heart on this form. Your fees for grades K-6 are included in your Tuition Fee at SHS.

#### Part IV: Consent

Photograph and video Conse	ՈԼ				
From time to time, pictures and videos may be taken of Faith Formation or Youth Minis to use these photographs and videos for flyers, parish publications, and the ministry web required. Names will not be posted unless written authorization is given by the parent/gr videos posted on the website, please contact the ministry coordinator and they will prom	osites. Written consent by the parent/guardian is uardian. If there are concerns about pictures or				
I, the parent/guardian of this/these youth/s (name/s), authorize and give full consent, with					
limitation or reservation, to the Tri-Parish of Sacred Heart, Immaculate Conception, and/or video in which the above named student/s appears while participating in any Formation and/or Youth Ministries. There will be no compensation for use of any p	and Saint Rose of Lima, to publish any photograph program associated with the Tri-Parish Faith				
the future.  I, the parent/guardian of this/these youth/s (name/s)	14-116 1712 1 4 1 -1111 1				
Parent/Guardian Signature: Print Name:	Date:				
Part V: Volunteers  There are many ways you can help our Tri-Parish Faith Formation Prograte willing to help in any of the following ways:  Elementary Grade Program or Second Grade Sacramental Prep	Name:				
☐ Teach an elementary age Faith Formation class	☐ Other:				
Junior/Senior High Program  ☐ Teach a Jr/Sr High Faith Formation Class	Name: Other:				
☐ Assist with Service Events					

Thank you for being willing to lead our children closer to Jesus!

## REGISTRATION FORM AND PAYMENT DUE BY May 17TH!



### Thank you!

*Chrystal Sand*, Tri-Parish Faith Formation Coordinator Tri-Parish Office 320-836-2143

OFFICE USE ONLY:
Date:
Initials:
Amount:
Method:
Cash:
Check #
Email:
Other:

# Second Grade Sacramental Prep Registration Form 2024-2025

Dad's Name	Mon	Mom's Name	
Dad's Cell Phone ()	Mon	n's Cell Phone ()	
Home Phone:	E-Mail		<u>@</u>
Additi If payment of fees presents a dif		laterials Fee: \$20 per chil	
REGISTRATION FOR After tha	RM AND PAYMENT Int date, the cost increase		t = 1
	of Child		
Second Grade Sac	-	O	
Dad's Cell Phone ()			
Home Phone:	E-Mail		<u>@</u>
Additi  If payment of fees presents a dif		aterials Fee: \$20 per child se contact the Faith Formation	
REGISTRATION FOR After tha	RM AND PAYMENT Int date, the cost increase		
Name o	of Child	Fee: \$20 per child	