

Must be registered in Parish

*****For Office Use Only*****

Parish ID # _____
Date Paid _____
Cash _____
Check # _____
Online _____
Scholarship _____

**St. Jude Parish
Family Faith Formation**

**Registration 2016-2017
Grades K-6 (except Sacraments)**

**Class Fee
\$60.00
each child**

**(\$180.00 max./family
except all Sacraments)**

**Make check payable
to St. Jude Parish**

Please Print All Information Clearly

Family Name (Last) _____ Child's (if different) _____

Parent/Guardian First Names (both) _____

Address _____

City _____ Zip Code _____

Mother's Cell _____ Father's Cell _____

**Note: Program information/updates sent weekly by email
EMERGENCY information will be sent by text**

Preferred Parent E-mail _____

Special Release Information

Is there anyone who is **NOT** authorized to pick up your child(ren)? **

** Custody issues should be documented in the FFF Office

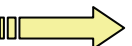
My child's photo may be taken/used for St. Jude Family Faith Formation promotional purposes. No names will be used. I understand that this registration information may be made available to St. Jude Staff and Family Faith Formation volunteers. Your initials here are acceptable as signature.

Parent Signature _____ Date _____

Emergency Contact Information

Name _____ Phone _____

Parents: The success of our Family Faith Formation Program depends upon your willingness to participate fully and volunteer your time and talents. We are looking for parents/grandparents to be classroom co-leaders. **We would like to have a team of 3 co-leaders for each classroom.** You do not have to create the weekly lessons - they are complete and ready to use. Please consider this ministry that is so meaningful to our children's faith development.



Please complete all information on this form

Program Level	Student Name (First, Last)	Tuesday PM (choose one)	Date of Birth (m/d/yr)	M/F	Grade 2016-2017	Sacraments (Y/N) Bap. 1 st Euch. Conf.	Medical Issues/Allergies/ Other Information We Need
Grades K & 1	_____	<input type="checkbox"/> 4:15-5:30 <input type="checkbox"/> 6:30-7:45	_____	____	____	____	_____
	_____	<input type="checkbox"/> 4:15-5:30 <input type="checkbox"/> 6:30-7:45	_____	____	____	____	_____
	_____	<input type="checkbox"/> 4:15-5:30 <input type="checkbox"/> 6:30-7:45	_____	____	____	____	_____

Sacraments Grades 2 & 3*	Children in 2nd grade who will be preparing to receive the sacraments of First Reconciliation and First Eucharist this year must complete the separate 1st Reconciliation & 1st Eucharist Registration Form. * Children in 3rd grade who have NOT received these sacraments should enroll in this class.
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Program Level	Student Name (First, Last)	Tuesday PM (choose one)	Date of Birth (m/d/yr)	M/F	Grade 2016-2017	Sacraments (Y/N) Bap. 1 st Euch. Conf.	Medical Issues/Allergies/ Other Information We Need
Grades 3 & 4	_____	<input type="checkbox"/> 4:15-5:30 <input type="checkbox"/> 6:30-7:45	_____	____	____	____	_____
	_____	<input type="checkbox"/> 4:15-5:30 <input type="checkbox"/> 6:30-7:45	_____	____	____	____	_____
	_____	<input type="checkbox"/> 4:15-5:30 <input type="checkbox"/> 6:30-7:45	_____	____	____	____	_____

Program Level	Student Name (First, Last)	Tuesday PM (choose one)	Date of Birth (m/d/yr)	M/F	Grade 2016-2017	Sacraments (Y/N) Bap. 1 st Euch. Conf.	Medical Issues/Allergies/ Other Information We Need
Grades 5 & 6	_____	<input type="checkbox"/> 4:15-5:30 <input type="checkbox"/> 6:30-7:45	_____	____	____	____	_____
	_____	<input type="checkbox"/> 4:15-5:30 <input type="checkbox"/> 6:30-7:45	_____	____	____	____	_____
	_____	<input type="checkbox"/> 4:15-5:30 <input type="checkbox"/> 6:30-7:45	_____	____	____	____	_____