

**Must be registered in Parish**

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

Parish ID # \_\_\_\_\_  
 Date Paid \_\_\_\_\_  
 Cash \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Online \_\_\_\_\_  
 Scholarship \_\_\_\_\_

**St. Jude Catholic Church  
 Family Faith Formation**

**Preschool (3-5yrs, pre-k only)  
 Registration 2016-2017**

**Class Fee  
 \$50.00  
 each child**

**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 \_\_\_\_\_  
 Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

**Note: All program information/updates are sent weekly by email  
 EMERGENCY information will be sent by text**

Preferred Parent email \_\_\_\_\_

**Special Information**

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 below accepted as signature.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



We welcome our preschoolers by showing them Jesus' love for them! Your preschoolers will experience our faith the way they learn best: through touching, talking, cutting, folding, listening and singing out our love and joy! The Preschool program meets during the 11:00am Mass.

Program	Student Name (First, Last)	Session Sunday 11:00 am	Date of Birth (m/d/yr)	Age	M/F	Baptized (Y/N)	Medical Issues/Allergies/ Other Information We Should Know
Ages 3, 4 & 5 (pre-k only)	_____	11am	_____	____	____	____	_____
	_____	11am	_____	____	____	____	_____
	_____	11am	_____	____	____	____	_____