

## Must be registered in Parish

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

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

# St. Jude Catholic Church

## Family Faith Formation

### 1st Reconciliation & 1st Eucharist Registration 2017-2018

## Class Fee

**\$100.00\***

each child

Make check payable  
to St. Jude Parish

\* Includes Photo Pkg.

### Please PRINT All Information Clearly

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Parent / Guardian Names (both) \_\_\_\_\_

Date of Birth \_\_\_\_\_ (m/d/y) Grade in School (2017-2018) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

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

**Note: Program information/updates are sent weekly by email**

**EMERGENCY information will be sent by text**

Preferred Parent E-mail(s) \_\_\_\_\_

Emergency Contact (name) \_\_\_\_\_ (phone) \_\_\_\_\_

### 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 \_\_\_\_\_

Preparation classes are held on **Tuesdays**.

Choose one of the following two attendance times. Classes are held mid-September through early May.

Check One:

\_\_\_\_\_ **4:15-5:30pm** OR \_\_\_\_\_ **6:30-7:45pm**

Parents: The success of our Family Faith Formation depends on 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.

You need to provide St. Jude Parish with a **copy** of your child's Baptism certificate **not later than January 12, 2018**.

- If your child was baptized at St. Jude, please indicate that in the space provided below. A copy of the certificate will **not** be necessary.
- If your child was baptized at another church in or outside of the United States, please provide the information that is requested below.
- You are responsible for requesting a copy directly from that church.
- If your child was baptized in another country, additional information and translation by you may be necessary.

Please allow plenty of time (6-8 weeks) when requesting a copy of your child's baptism certificate if you do not already have one.

\_\_\_\_\_ My child was baptized at St. Jude on \_\_\_\_\_ (date) My child was born in \_\_\_\_\_ (city/state/country)

\_\_\_\_\_ My child was baptized on \_\_\_\_\_ (date) at \_\_\_\_\_ (name of church)

Address of church \_\_\_\_\_ in the Diocese of \_\_\_\_\_

City/State \_\_\_\_\_ Province/Country \_\_\_\_\_