

2016-2017 Faith Formation Registration

TWO SIGNATURES REQUIRED ON BACK

<u>Session</u>		<u>Fee</u>
Gr. K - 8	Sun. 8:15 - 9:30 AM	\$100
Pre K - 1	Sun. 10:00 - 11:15 AM	\$100
Gr. K - 8	Mon. 4:45 - 6:00 PM	\$100
Gr. K - 8	Tue. 4:45 - 6:00 PM	\$100
Gr. K - 8	Tue. 7:00 - 8:15PM	\$100
Gr. K - 8	Wed. 6:30 - 7:45 PM	\$100
Confirmation Yr. 1	Sunday Evenings	\$100
Home Program		\$ 45

**Date
Registered**

___/___/___

Maximum Family Fee: \$250.00 (Sacraments Not Included)
OFFICE USE ONLY

Check Number _____

Credit Form Completed _____ Fee _____

Amount \$ _____ Date Received ___/___/___

Checks Payable to: St. Ignatius of Loyola

Please print or type all information. Child(ren) reside with: circle one or both parents

Mother/Last Name	Mother/Guardian's 1st Name	Cell Number	Work Number	Preferred Email	Yes	No
Father/Last Name	Father/Guardian's 1st Name	Cell Number	Work Number	Preferred Email	Yes	No
Child/ren's Resident Address		City, State	Zip	Home Number		

Child(ren)'s First Name(s) (Use <u>Last</u> only if different from Family Name)	Gender M/F	Birthdate M/DD/YYYY	Grade 2016-17	Session Time & Day	Special Needs (Food Allergies, IEP, Reading Difficulties, etc.)	Check Sacraments Already Received		
						<i>Bap</i>	<i>Rec</i>	<i>Euc</i>

EMERGENCY CONTACT INFORMATION

Name	Relationship
Phone Number	Cell Number

I/we would like to be a Catechist/Aide for School Year 2016 – 2017

Name	Grade	Session Day/Time	STAND Trained
Catechist/Aide Full Name	Grade	Session Day & Time	Respond Yes or No
Catechist/Aide Full Name	Grade	Session Day & Time	Respond Yes or No

FAMILY STATUS: Please Circle One: **Two-Parent Family** **Single-Parent Family** **Blended Family**

CUSTODIAL ORDER: COPY OF ORDER TO BE ATTACHED _____ DATE OF ORDER

Please indicate any special needs or learning differences your child has: _____

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) **Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the office in writing.** Please note that the Division has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

Date _____ **Parent or Guardian Signature** _____

PRINT, SIGN AND DELIVER TO THE FAITH FORMATION OFFICES

Confidentially, please do not hesitate to contact Carol Smith (301) 695-8845 x 210 if financial assistance is needed.

By registering my child(ren) in the Faith Formation Program, I understand that:

- My family must be registered at St. Ignatius of Loyola.
- Completion of this form does not register my child for Sacramental Preparation (Reconciliation, 1st Eucharist or Confirmation). Please contact the Faith Formation Office.
- As an integral part of our Faith Formation curriculum, we will be teaching **Family Life** (Grades K – 5th) and **Created to Love** (Grades 6 – 8). These age-appropriate programs are about Christian living, chastity, character formation, and safe environment training promotes communication between you and your child. You are encouraged to review the program materials that the catechist will be using in the classroom, as well as the materials you will receive for home discussion. After examining the program, if you have any questions or concerns about your child participating in this program, please contact **Carol Smith, Director of Faith Formation.**
- Completed registration forms will be processed in the order in which they are received.
- Children may attend only the class and session to which they have been assigned.
- Classes begin promptly at the designated time and attendance is required for the entire length of class in order to be credited with attendance.
- Children must be picked up inside Building C at dismissal time. Children are not allowed to leave Building C without an adult.

Date _____ **Parent or Guardian Signature** _____

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