

St. Francis Borgia --- Christian Formation Registration Form 2007-2008

Please Print

Household Name _____

Household Phone (____) _____

Household E-mail _____

Mailing Address _____
Street City State Zip

Father's Name _____
First Middle Last

Father's Address _____
(If different than household) Street City State Zip

Father's Religion _____ Father's Cell Phone (____) _____

Father's Occupation _____ Father's Work Phone (____) _____

Mother's Name _____
First Middle Last

Mother's Address _____
(If different than household) Street City State Zip

Mother's Religion _____ Mother's Cell Phone (____) _____

Mother's Occupation _____ Mother's Work Phone (____) _____

1. Student's Name _____
First Middle Last Gender

Entering Grade _____ School Attending _____

Nick-name _____ Birth Date ___/___/___ e-mail _____

Please indicate sacraments received: []Baptism []Eucharist []Reconciliation []Confirmation

2. Student's Name _____
First Middle Last Gender

Entering Grade _____ School Attending _____

Nick-name _____ Birth Date ___/___/___ e-mail _____

Please indicate sacraments received: []Baptism []Eucharist []Reconciliation []Confirmation

3. Student's Name _____
First Middle Last Gender

Entering Grade _____ School Attending _____

Nick-name _____ Birth Date ___/___/___ e-mail _____

Please indicate sacraments received: []Baptism []Eucharist []Reconciliation []Confirmation

4. Student's Name _____
First Middle Last Gender

Entering Grade _____ School Attending _____

Nick-name _____ Birth Date ___/___/___ e-mail _____

Please indicate sacraments received: []Baptism []Eucharist []Reconciliation []Confirmation

	Early Registration SPECIAL	Registration Deadline
	BEFORE June 15, 2007	BY July 15, 2007
Christian Formation		
One (1) Child	\$95 []	\$100 []
Two (2) Children	\$165 []	\$170 []
Three (3) Children	\$210 []	\$215 []
Four (4) or more Children	\$245 []	\$250 []
TOTAL DUE NOW:	Total: \$ _____	Total: \$ _____

**Tuition assistance – service in lieu of payment and installment options are available.
Please contact the Director of Child Ministry or the Director of Youth Ministry for more information.**

Please note that registration not paid by July 15 is subject to a \$5 monthly fee.

Retreat Fees	Due at time of retreat	I am willing to chaperone on a retreat
8 th Grade Retreat	\$75	[]
9 th Grade Retreat	\$40	[]
10 th Grade Retreat	\$75	[]
Confirmation Retreat	\$85	[]

Please indicate registration for Christian Formation program:

- [] Traditional Christian Formation program [] Monday evening family program
[] K4 - K5 program [] Confirmation program

For Grades 1-5 in the traditional program please indicate your choice of program time:

- [] Wednesdays 4:30-5:45PM [] Wednesdays 6:15-7:30PM

For Grades 8 - 10 in the traditional program please indicate please indicate your choice of Sunday evening or Wednesday evening classes. Please note that there is limited space for Sunday classes:

- [] Wednesday evening [] Sunday evening

Please prayerfully consider joining our Christian Formation team. Indicate if you would like more information here:

Grade: [] K4 [] K5 [] 1 [] 2 [] 3 [] 4 [] 5 [] 6 [] 7 [] 8 [] 9 [] 10 [] 11
Position: [] Catechist [] Classroom Parent/Aide [] Hall Monitor
Program: [] Traditional [] Family [] Sunday

Confidential Information

Please indicate any physical or learning disabilities or other information about your child(ren) we should be aware of.

- Does any child(ren) enrolling have any physical, sensory, emotional, or learning disabilities (e.g. ADD, ADHD, Autism, etc.), or any other special needs? [] Yes [] No
If yes, please tell us how we can help and list any medication that they are taking: _____

- Does any child(ren) have allergies? [] Yes [] No
If yes, please list allergies: _____
- Are there any special circumstances concerning your child(ren) that we should be made aware of?

For Office Use Only			
Date: _____	Paid By: [] Check, # _____	[] Cash [] Stipend	Amount \$ _____
Date: _____	Paid By: [] Check, # _____	[] Cash [] Stipend	Amount \$ _____
Date: _____	Paid By: [] Check, # _____	[] Cash [] Stipend	Amount \$ _____
Date: _____	Paid By: [] Check, # _____	[] Cash [] Stipend	Amount \$ _____