

2018 - 2019 FAITH FORMATION REGISTRATION



412 W. 4th Street
Carver, MN 55315
Phone: 952-448-2345

(Please print clearly all information requested)

Student Legal Name: _____ Home Phone: _____ Date: _____
 Student Date of Birth: _____ Student Birthplace: _____
 Baptized **YES NO** Parish Name: _____ Date of the Sacrament: _____ City: _____
 1st Communion: **YES NO** Parish Name: _____ Date of the Sacrament: _____ City: _____
 Reconciliation: **YES NO** Parish Name: _____ Date of the Sacrament: _____ City: _____
 Confirmation: **YES NO** Parish Name: _____ Date of the Sacrament: _____ City: _____
 How old is the student: _____ School _____ Grade 2016-2017: _____
 Father's Name or Guardian: _____ Emergency Phone: _____
 Mother's Name or Guardian: _____ Emergency Phone: _____
 Full Mailing Address: _____
 Dad email: _____ Mom Email : _____ No email:

Medical concerns- Please list any allergies, health conditions, medications taken on a regular basis, or any other.

Tuition- Before September 12, 2018		Tuition- After September 12, 2018	
Grades 1-9	\$80.00 First Child	\$90 First Child	\$ _____
	\$130.00 Second Child	\$150.00 Second Child	\$ _____
	\$170.00 Three or more Children	\$200.00 Three or more Children	\$ _____
Sacrament Preparatation	2nd Grade +\$40.00		\$ _____
	8th Grade +\$50.00		\$ _____
	9th Grade +\$50.00		\$ _____
	RCIA +\$50.00		\$ _____
I would like to make a contribution toward a child's faith formation that is unable to pay: _____			
Total Due			\$ _____

Please send this form, a copy of Birth Certificate or Baptism Certificate with check payable to:

Saint Nicholas Catholic Church
PO BOX 133
Carver, MN 55315

OFFICE USE ONLY

1st Communion Member Registered
 Confirmation Baptism - Certificate
 RCIA (Adult) Birth- Certificate
 C.I.C (Child -all three sacraments)

IMPORTANTES NOTES:

1. - Please provide at least one email address **that you check frequently for weather alerts** and weekly communications so that we can make others arrangements to keep you informed. If you don't have email access, please check the box above.

2. - **We offer two options for Faith Formation:** Wednesday nights at 6:00PM (English) or Sundays at 9 AM (Spanish)

Please indicate which day you would like to attend.

Wednesdays

Sundays

3. - To help with the needs of our program, we ask that every family supply one ream of copy paper and one box of tissues. Please mark your contributions with your last name and bring them to the parish office.

4.- **For the first night of class on Wednesday, September 19, please plan to join us in the church at 6 pm with your student**
We will have a presentation to highlight the program and walk you through the Parent Handbook.

5. - **Photo Usage:** Check here if you **do not** give permission to use photos of your student(s) listed above in our bulletin, website or other publications. Full names (first & last) will never be used to identify the student(s).

6. - **First Communion & Confirmation:** A Sacramental Records information sheet along with a copy of the child's Baptismal record (if not baptized here at St. Nicholas) must be submitted to the parish office before receiving the sacrament. You can download the Sacramental Records sheet from our website or obtain a copy from the parish office. Also note that extra assignments and meetings outside of our regular Wednesday night class time will be required.

7. - **Other Activities:** I give my student(s) permission to attend activities that are outside of the church premises (e.g. Service projects and social events) without any responsibility held to the Archdiocese of St. Paul/Mpls. or the Church of St. Nicholas in case of injury, illness or death. Permission forms will be required for such events.

8. - **Emergency Medical Information:** If a student needs emergency care, we will call 911 and attempt to notify parents immediately. In the event of a medical emergency, I hereby authorize emergency treatment to be administered to my child. I understand I will be responsible for any charges. In the event that I am not able to be reached, please contact:

Name: _____ Relationship: _____ Phone #: _____

Medical Concerns – Please list any allergies, health conditions, medications taken on a regular basis, or any other important concerns.

10. - **Other Comments or information that would be helpful for us to know:**

11. - **A minimum \$50 non-refundable deposit per family is due with this registration form. The remaining balance will be due on the first day of class.**
Please note the additional fee for the Sacrament years. Please contact the parish office if this is a hardship for your family.

12. - **Sponsor(s) Name(s):** _____

Parent signature: _____ **Date:** _____