

Family Name _____ Address _____ City / Zip _____ Telephone _____ Email _____	<b>ST. GENEVIEVE          FAITH FORMATION          REGISTRATION          2009 - 2010</b>	<b>For Office Use Only</b> Date Completed _____ Amount Due _____ Reduction _____ Amount Paid _____ Cash _____ Check # _____ Scholarship _____
Registered at St. Genevieve's? <b>YES</b> or <b>NO</b>		

Mother / Guardian	Religion	Cell Phone	Work Phone
Father / Guardian	Religion	Cell Phone	Work Phone

Children live with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian  
*In case of separation, divorce or annulment who has custody of the children? Are there pick up arrangements we need to be aware of?* **YES** or **NO**

Parent will pick up child(ren) \_\_\_\_\_ Child(ren) are walkers \_\_\_\_\_ Carpooling \_\_\_\_\_ with:

Emergency Contact: \_\_\_\_\_ Doctor Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Student Name:		Grade Entering:			Is Baptismal Certificate on Record? <b>Yes</b> or <b>No</b>			
Gender	Birth Date	Baptismal Date	Parish	City	State	Penance	Eucharist	Confirmation

Enrolling for: \_\_\_\_\_ Wednesday Evening Program (Grades 1-8) \_\_\_\_\_ Wednesday Evening Kindergarten \_\_\_\_\_ Sunday Morning Kindergarten  
 \_\_\_\_\_ Sunday Morning Preschool (3-4 year) \_\_\_\_\_ Sunday Evening 9th and Confirmation \_\_\_\_\_ Home School

Special Needs: \_\_\_\_\_ ADD/ADHD \_\_\_\_\_ Allergies \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Seizures \_\_\_\_\_ Other \_\_\_\_\_  
 Other Pertinent Information and Specifics \_\_\_\_\_

Siblings not enrolled in program? Names and Ages: \_\_\_\_\_

My child is interested in: \_\_\_\_\_ Choir \_\_\_\_\_ Altar Serving \_\_\_\_\_ Playing an instrument \_\_\_\_\_ Other \_\_\_\_\_

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<b>Student Name:</b>				<b>Grade Entering:</b>			<b>Is Baptismal Certificate on Record? Yes or No</b>		
<u>Gender</u>	<u>Birth Date</u>	<u>Baptismal Date</u>	<u>Parish</u>	<u>City</u>	<u>State</u>	<u>Penance</u>	<u>Eucharist</u>	<u>Confirmation</u>	

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 Sunday Morning Preschool (3-4 year)  Sunday Evening 9th and Confirmation  Home School

**Special Needs:**  ADD/ADHD  Allergies  Asthma  Diabetes  Seizures  Other \_\_\_\_\_

Other Pertinent Information and Specifics \_\_\_\_\_

**My child is interested in:**  Choir  Altar Serving  Playing an instrument  Other \_\_\_\_\_

**PHOTO RELEASE**

I hereby consent to and authorize the use and reproduction by the Church of St. Genevieve of any and all photographs and other audiovisual materials taken of my son / my daughter / my ward for newsletters, bulletins, parish website, educational activities or any other use for the benefit of the program. Children will not be identified by name and images will not be used for any non program related purposes.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Parent or Guardian

**Please furnish a copy of Baptismal Certificate to the Faith Formation office for all family members preparing to receive a Sacrament (reconciliation, Eucharist, Confirmation) Thank you.**

<p align="center"><b><u>RATE OF TUITION</u></b></p> <p>Preschool / Kindergarten \$45.00  Primary \$70.00  Secondary \$70.00  *Confirmation \$70.00  *Retreat Fees not included in tuition</p> <p><b>Family Maximum \$250.00</b></p>	<p align="center"><b><u>Payment Plans</u></b></p> <ul style="list-style-type: none"> <li>➤ Payment may be returned with registration</li> <li>➤ If payment is not made with registration please use payment stubs enclosed</li> </ul> <hr/> <p align="center"><b><u>Scholarship</u></b></p> <ul style="list-style-type: none"> <li>➤ Scholarships are available for families requesting assistance.</li> </ul> <p align="center"><i>Please contact Valerie Noll at (651) 235-8627</i></p>
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**VOLUNTEER OPPORTUNITIES**

*I will volunteer my services in the Children / Teen Program*

<b>Catechist</b> _____ (Receive 50% off tuition) Grade Level _____	<b>Front Door / Drop Off Monitor</b> _____	<b>Hall Monitor</b> _____
<b>Catechist Assistant</b> _____ (Receive 25% off tuition) Grade Level _____	<b>Reception / Baking / Food Prep</b> _____	<b>Photography</b> _____ <b>Displays</b> _____
<b>Substitute Catechist</b> _____ Grade Level _____	<b>Cutting</b> _____ <b>Sewing</b> _____	<b>Volunteer Driver</b> _____
<b>Other Program Support</b> (please specify) _____	<b>Drama</b> _____	<b>Artist</b> _____
<b>Faith Formation Committee</b> ( <i>Meet once each month</i> ) _____	<b>Building Transformation</b> _____	<b>Parish Family Events</b> _____
	<b>Event Set Up</b> _____	<b>Event Clean Up</b> _____

In case of accident or illness, I request that the representative of the parish faith formation program contact me. If I am unable to be reached, I hereby authorize the representative to call the physician indicated and to follow the physicians instructions. If it is impossible to contact this physician, the representative of the parish faith formation program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and / or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date