

FAMILY NAME _____ Address _____ City / Zip _____ Telephone _____ Email _____	<h1 style="margin: 0;">ST. GENEVIEVE FAITH FORMATION REGISTRATION</h1> <p style="margin: 0;">2011 - 2012</p>	For Office Use Only Date Completed _____ Amount Due _____ Reduction _____ Amount Paid _____ Cash _____ Check # _____ Scholarship _____
Registered at St. Genevieve's? YES or NO		

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

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

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

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.

_____ Date _____
 Parent / Guardian Signature

**Submit to: St. Genevieve's Faith Formation, 7087 Goiffon Road, Centerville MN 55038
 Attention: Valerie Noll**