

20__-20__ Youth Faith Formation Registration Form

Last Name _____ Current Parish _____

Student Name #1 _____ DOB _____ Current Grade _____

Is your child Baptized? _____ Made First Communion? _____

Student Name #2 _____ DOB _____ Current Grade _____

Is your child Baptized? _____ Made First Communion? _____

Student Name #3 _____ DOB _____ Current Grade _____

Is your child Baptized? _____ Made First Communion? _____

Mother's Name (F, M, L & Maiden) _____

Father's Name (F, M, L) _____

Mailing Address _____

Contact Number(s) _____

Email address: _____

EMERGENCY CONTACT INFORMATION: In the event the parent or guardian cannot be reached.

Name _____ Relationship _____ Phone # _____

Medical Release: In the event the undersigned cannot be reached and in the judgement of the Director of Religious Education (DRE) or other person responsible for the program/group, or other appropriate staff member and there is a necessity for immediate examination and/or treatment of my child/children, I hereby authorize any of the aforesaid personnel to obtain such medical services as deemed necessary.

Parent Signature _____ Date _____

CONFIDENTIAL Medical information and/or special needs (allergies, learning, etc.) _____

- \$60 -1 Child, \$100- 2 Children, \$140-3 Children or more
- \$50 - Out of Parish (not registered w/ St. Dominic, St. Anthony, or St. Augustine)
- \$10- Sacramental fee for 1st Communion or Confirmation
- \$10- Late fee if after October 15th, 20__
- ** Make Checks Payable to Cluster School of Religion

Tuition Total: _____
Fee Total: _____
Late Fee: _____
Total Amount: _____

For office use only

Tuition Due: _____ Date Paid: _____ Baptismal Certificate received: _____
Tuition Paid: _____ Check #: _____ PDS: _____ Tuition Balance Due: _____