2023-2024 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) _____

Please note primary Contact above

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.) _____

_____

$70-1 Child, $110- 2 Children, $150-3 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 rebate if registration received prior to June 1.
**** Make Checks Payable to Cluster School of Religion**
For office use only

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

Tuition Due: Date Paid: Baptismal Certificate received:

Tuition Paid: Check #: PDS: Tuition Balance Due: