



St. Bartholomew's Preschool and Elementary Faith Formation

2010—2011 Registration Form

* Please return by September 1 *

Family Name: _____

Father: _____ Work # (____) _____ Cell # (____) _____

Mother: _____ Work # (____) _____ Cell # (____) _____

Address: _____ City/Zip: _____

Home Phone: (____) _____ Email Address: _____

Child's Name	Age	Gender	Grade	School Attending 2010-2011
_____	_____	_____	_____	_____
Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation				
* Special Needs: Medications, allergies, asthma, learning disabilities, behavioral issues, physical disabilities: _____				

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*** See the other side for additional registration information ***

Family Name: _____

<u>Class Session Times</u>	
Sunday Preschool 4 & 5 years old	Wednesday Faith Formation Grades 1-5
<input type="checkbox"/> 8:30 a.m.	<input type="checkbox"/> 4:30 p.m.
<input type="checkbox"/> 10:30 a.m.	<input type="checkbox"/> 6:15 p.m.

(Name) _____
needs the following Sacraments

First Reconciliation (Must be 2nd grade or older)

First Eucharist (Must be 2nd grade or older)

I will Teach in the following areas:

Sunday Preschool
<input type="checkbox"/> 8:30 a.m. Team Teacher—Age _____
<input type="checkbox"/> 10:30 a.m. Team Teacher—Age _____

Elementary 1-5
<input type="checkbox"/> 4:30 p.m. Team Teacher—Grade _____
<input type="checkbox"/> 6:15 p.m. Team Teacher—Grade _____

Program Cost

\$80/student for registered parish members
\$100/student for non-members
\$200 maximum per family for registered parish members

Deduct \$80 from tuition for team teaching

* Childcare available for teachers *

PROGRAM COST IS DUE IN FULL AT TIME OF REGISTRATION

Scholarships Available ~ Call Jim (952) 473-6601

Amount Enclosed: \$ _____

Website/Publication Photo Permission:
_____yes _____ no I give permission for my child(ren's) picture to be used on the parish website, in parish print publications or local media. (Children will not be identified by name on the website.)

OFFICE USE ONLY	
Check # _____	Date Received: _____