

Family Name: _____

Middle School Faith Formation

2011-2012 Registration

Due May 15th

Mother: _____	Cell: _____
Father: _____	Cell: _____
Address: _____	
Phone: _____	E-mail: _____

Faith Formation Student	Grade	School
1. _____	_____	_____
Email: _____ Special needs: _____		
2. _____	_____	_____
Email: _____ Special needs: _____		
3. _____	_____	_____
Email: _____ Special needs: _____		

YES! I WOULD LIKE TO VOLUNTEER TO TEAM-TEACH ON WEDNESDAY NIGHTS AT 6:15! Grade preference: _____

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.)

Program Cost

\$80/student for registered parish members

\$100/student for non-members

Fees will increase after the May 15 due date.

Deduct \$80 from tuition for team-teaching.
Program fee is due in full at time of registration.

Scholarships available ~ Contact Jim DeShane: jdeshane@st-barts.org, 952-473-6601

Specials Needs Information Release: ___ Yes ___ No I authorize the release of special needs information to Catechists.

OFFICE USE ONLY: Check # _____ Date Received: _____ Amount: _____