

# 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 1<sup>st</sup> Communion or Confirmation
- \$10- Late fee if after October 15<sup>th</sup>, 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: \_\_\_\_\_