

# St. Alexander Catholic Church

LOVE ONE ANOTHER AS I LOVE YOU

## FAITH FORMATION REGISTRATION FORM 2017-2018

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home phone: \_\_\_\_\_

Mom: Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Dad: Name: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_

**\*\*Email is the primary means of communication for Faith Formation,  
so please list the email that you use most frequently.**

### CHILDREN INFORMATION - PLEASE FILL SECTION IN COMPLETELY

Child's Full Name: \_\_\_\_\_ School attending: \_\_\_\_\_ Grade 2017-2018: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Gender: M F

Have your child received Religious Education Classes here or at another Parish?  Yes  No, this is the first year

Please write the *Date and Parish* Sacrament has been Received or write "Needed"

Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ Eucharist \_\_\_\_\_ Confirmation \_\_\_\_\_

Please provide a copy of BAPTISMAL CERTIFICATE and other Sacramental Records or Religious Education received in another Parish. Thank You.

CLASS PREFERRED:

**GRADES K-5:** (Monthly Family Event. Children meet weekly)

- Sunday 9:00-10-15am  
 Wednesday 5:30-6:45pm

**GRADES 6 AND UP:**

- Wednesday 6:45-8:15pm

Child's Full Name: \_\_\_\_\_ School attending: \_\_\_\_\_ Grade 2017-2018: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Gender: M F

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*Family Name:*

### ***GENERAL PERMISSION***

I request that my child(ren) listed on this form, be allowed to participate in the St. Alexander Faith Formation Program for the 2016-2017 school year.

I hereby release and indemnify St. Alexander Church, its staff, volunteers, and the Diocese of Joliet, from any and all liability arising from claims of any kind from my children(ren)'s participation in this program.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pictures/Video Permission Pictures/Videos of the Faith Formation participants may be taken during the year for publicity of information purposes to advertise events in the Parish. The pictures may be posted on Parish/Diocesan webpages, bulletin boards or publication. We assume your permission is given for use of these photos unless you notify the Faith Formation Office by emailing [stasFaithForm.dre@gmail.com](mailto:stasFaithForm.dre@gmail.com)

### ***MEDICAL PERMISSION***

In case of medical emergency, I grant permission to the St. Alexander volunteers and staff to administer First Aid and secure proper treatment for my child(ren) until I can be reached.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other emergency contact person if parents cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please list any issues that may impact your child's Faith Formation Experience:

Child's Full Name	Medical problems, allergies, or learning disabilities

### ***SAFE ENVIRONMENT TRAINING PROGRAM PERMISSION***

All Catholic Schools, Parish Religious Education and Youth Ministry Programs in the Diocese of Joliet must offer instruction for children, grades K-12, and their parents to prevent child sexual abuse. Documented instruction provided by local public schools may fulfill this requirement, but parish leaders must report statistics on enrollment/participation to the Diocese for purposes of the annual audit. Parents may elect to "opt-out" of parish or school instruction but must be provided with materials to undertake such instruction at home.

YES, I give my permission for my child's participation in the Safe Environment Training Program for the Faith Formation year, 2016/2017, as mandated by the Diocese of Joliet.

NO, I do not give my permission for the Safe Environment Training.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family Name:

### FEES

**\*Re-Registration Fee: \$25.00** (This money will be applied to your tuition for the year.  
The money is needed upfront to pay for the costs to order books for next year.)

**\*Tuition Fees: \$175 one child / \$250 for 2 children / \$310 for three or more children.**

Activity Fees: Reconciliation (\$40) Eucharist (\$40) Grade 6<sup>th</sup> Bible Fee (\$30)  
Grade 7<sup>th</sup> (\$30)

Confirmation (\$80) plus gown fee, if applicable (\$20)

### Early Bird Tuition Fees

\$160 per child / \$230 for 2 children / \$290 for 3 or more, if paid by June 30, 2017

You can email us the form ([stasfaithform.sec@gmail.com](mailto:stasfaithform.sec@gmail.com)) or drop off the form at the school or Parish Center.

### PAYMENT PLANS

Please check one:

One-time payment of total

Monthly payments

Applying for Scholarship

(Request application from the office and meet with Director)

Total amount due:

*All activity fees are due by November 1, 2017*