



Sitio

St. Nicholas Catholic Church

412 4th Street West – PO Box 133

Carver, MN 55315

(952) 448-2345

www.stnicholascarver.org

2011-2012 FAITH FORMATION REGISTRATION

Registration Donation: \$75-\$100 per child suggested donation. We will **NOT** turn down any one due to financial reasons. If you have a hardship please call the parish office and we will assist you. The annual expenses of the program are about \$6,000 per year. Your generous donation is greatly appreciated. Please submit your registration as soon as possible so that we can prepare in advance for the upcoming year. Please do not delay in submitting your registration based on your ability to pay. Registrations will be accepted at any time during the year.

Family Information:

Father/Guardian: _____ Cell # () ____ - _____
Last First

Mother/Guardian: _____ Cell # () ____ - _____
Last First

Mailing Address: _____ Home # () ____ - _____
Street City State Zip

Please provide at least one email address **that you check frequently** for weather alerts and weekly communications. If you do not have email access, please check the box below so that we can make other arrangements to keep you informed.

Mom email: _____ Dad email: _____ No email:

Student Information:

First	Middle	Last, if different	Date of Birth	Grade	Indicate Sacraments your child has received			
					Baptism	Reconciliation	Communion	Confirmation
_____	_____	_____	___/___/___	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	___/___/___	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	___/___/___	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	___/___/___	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check here if you are enrolling more than 4 students and list the above information on a separate sheet.

Photo Usage: Check here if you **do not** give permission to use photos of your student(s) listed above in our bulletin, website or other publications. Full names (first & last) will never be used to identify the student(s). Only photos taken during official events will be posted.

First Communion & Confirmation: A Sacramental Records information sheet along with a copy of the child's Baptismal record (if not Baptized here at St. Nicholas) must be submitted to the parish office before receiving the sacrament. You can download the Sacramental Records sheet from our website or obtain a copy from the parish office. **Also note that extra assignments and meetings outside of our regular Wednesday night class time will be required.**

Faith Formation Family Masses: We ask that each family choose two of the 14 Masses listed below to participate in. Our regular lectors, servers, ushers will not be scheduled so that the students and their families can participate. Please note the date and time of which two Masses you would like to help with and the name of each family member next to the role he/she would like to participate in. The choices are:

Saturday, October 1, 4 pm
 Sunday, November 6, 10 am
 Saturday, January 14, 7 pm
 Sunday, February 12, 8 am
 Saturday, April 21, 4 pm

Sunday, October 2, 8 am
 Saturday, December 17, 4 pm
 Sunday, January 15, 10 am
 Saturday, March 14, 7 pm
 Sunday, April 22, 8 am

Saturday, November 5, 7 pm
 Sunday, December 18, 8 am
 Saturday, February 11, 4 pm
 Sunday, March 18, 10 am

Mass #1 _____
Day Month Time

Mass #2 _____
Day Month Time

Server: _____

Server: _____

Lector/Reader: _____

Lector/Reader: _____

Usher/Greeter: _____

Usher/Greeter: _____

Gift Bearer: _____

Gift Bearer: _____

Choir (4 pm or 10 am only): _____

Choir (4 pm or 10 am only): _____

Slots will be filled on a first come first served basis. You will be sent a confirmation of your choices. In the event that your selection is filled, you will be contacted for an alternative choice.

Other Activities: I give my student(s) permission to attend activities that are outside of the church premises (e.g. Service projects and social events) without any responsibility held to the Archdiocese of St. Paul/Mpls. or the Church of St. Nicholas in case of injury, illness or death. Permission forms will be required for such events.

Emergency Medical Information: If a student needs emergency care, we will call 911 and attempt to notify parents immediately. In the event of a medical emergency, I hereby authorize emergency treatment to be administered to my child. I understand I will be responsible for any charges. In the event that I am not able to be reached, please contact:

Name: _____ Relationship: _____ Phone #: _____

Medical Concerns – Please list any allergies, health conditions, medications taken on a regular basis, or any other important concerns.

Other Comments or information that would be helpful for us to know:

Parent signature: _____

Date: _____