

# St. Nicholas Faith Formation

PO Box 133, Carver, MN 55315

Phone: 952-227-4000

Email: info@gachaska.org

(Office use only)

Date Rec'd: \_\_\_\_\_

Check # \_\_\_\_\_ \$ \_\_\_\_\_

## 2019-2020 Faith Formation Registration Form

Please fill out this form completely. Please print clearly.

### FAMILY CONTACT INFORMATION:

Parent/Guardian Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parish: \_\_\_\_\_ Best Phone Number: \_\_\_\_\_

BEST E-Mail Address: \_\_\_\_\_

Alternate E-Mail Address: \_\_\_\_\_

	Child's Full Name (first, middle, last)	Sex M/F	Date of Birth	Grade (2019-20)	Tuition (price until Sept 14)	PLUS First Communion Prep \$50.00 PLUS Confirmation Prep \$75.00	Total
1 <sup>st</sup> Child					\$80.00		
2 <sup>nd</sup> Child					\$50.00		
3 <sup>rd</sup> Child					\$40.00		
4 <sup>th</sup> Child					-0-		
5 <sup>th</sup> Child					-0-		
<b>TOTAL:</b>							

**EARLY REGISTRATION DISCOUNT IS GOOD ONLY UNTIL SEPTEMBER 14, 2019**  
**TUITION INCREASES TO \$90(1ST CHILD), \$60(2ND CHILD), \$50(3RD CHILD) AFTER SEPTEMBER 14, 2019.**

CATECHISTS & ASSISTANT CATECHISTS RECEIVE A 50% REDUCTION IN TUITION. CONTACT PARISH OFFICE FOR AMOUNT OWED.

REGISTRATION FORMS AND SCHEDULES FOR SACRAMENTAL PREPARATION WILL BE MAILED IN LATE AUGUST.

*SACRAMENTAL PREPARATION FEES ARE NOT DISCOUNTED.*

PARENTS MUST BE REGISTERED MEMBERS OF ST. NICHOLAS TO HAVE THEIR CHILD RECEIVE SACRAMENTS.

**Please return completed forms to address listed above - Attn: Faith Formation.**

# 2019-2020 ST. NICHOLAS FAITH FORMATION STUDENT INFORMATION FORM

FAMILY LAST NAME: \_\_\_\_\_

PLEASE LIST THE NAME OF EACH STUDENT ENROLLED IN FAITH FORMATION \_\_\_\_\_

## EMERGENCY/SPECIAL NEEDS INFORMATION: If we are unable to reach you, who should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

For the following, please list your children's name and any details:

Allergies (including medications): \_\_\_\_\_

Any special learning needs (e.g., ADHD, learning accommodations) or special situations (e.g., divorce, new siblings) that will help us better serve your child(ren):  
\_\_\_\_\_  
\_\_\_\_\_

**CONSENT FOR MEDICAL CARE:** I give my permission that in my absence students listed above may receive emergency medical care for injuries and all situations that should occur while participating in programs at St. Nicholas Catholic Church.

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

### FAITH FORMATION MEDIA AUTHORIZATION:

I, as the parent/guardian of students listed individually above, consent and authorize St. Nicholas Catholic Church to use photographs of my children in their brochures, pamphlets, advertising and other purposes in any way relating to St. Nicholas Faith Formation activities. I also consent that such photographs of my child will be property of St. Nicholas Church and they have the right to duplicate, to reproduce, and use such photographs in their brochures, pamphlets, and advertisements free and clear of any claim on my part.

Parent/Guardian Name (please print) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*I DO NOT CONSENT\*** Parent/Guardian Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**OUR PROGRAMS ONLY WORK WITH THE HELP OF PARENTS. PLEASE LET US KNOW WHICH AREA YOU WOULD LIKE TO HELP IN:**

\_\_\_\_ Substitute Teacher    \_\_\_\_ Classroom Assistant    \_\_\_\_ Door Monitor    \_\_\_\_ Clerical Help    \_\_\_\_ Special Events