

Office use only
Date _____
Amount _____
Check# _____

Assumption / St. Paul & St. Peter's Faith Formation Registration
2010-2011 Family Information

Family Name: _____

Home Phone: _____

Please check ONE below:
I am currently registered as a member of:
Assumption/St.Paul Church _____
St Peter the Apostle Church _____

Faith Formation Fees: 1 Child \$60.00 2 Children \$80.00 3 Children \$90.00

NOTE: Please make checks payable to the Parish that you are enrolled.

Class Schedules: (CLASS ASSIGNMENT BASED ON SEATING AVAILABILITY)
Sunday: Grades 6-10 (9:15 - 10:15 A.M. followed by 10:30 Mass)
Monday/Wednesday K-5 (6-7 P.M.) FIRST COMMUNION OFFERED BOTH NIGHTS
Confirmation Grade 11 & 12(TBA)

Additional Fees: (please pay at the time of the retreat)
Confirmation Retreat: \$50.00

Family Record

Father's Info:
Last Name: _____
First Name: _____
Address: _____
City/State: _____

Mother's Info:
Last Name: _____
First Name: _____
Maiden Name: _____
Address: _____

Email Address: _____

Email Address: _____

Emergency Contact other than names listed above: _____ **Relationship:** _____
Phone number: _____

Custodial Issues:
Yes/No Are there custodial parent issues? If yes, please provide written detail. _____
Father/Mother: Who has primary custody? If other than father or mother, please provide relationship. _____