

Faith Formation Registration for 2008-2009

Please circle your choice:

Session	Fee
PreK-8 Sun. 8-9:30 AM	\$90
PreK-8 Sun. 10-11:30 AM	\$90
Family Home Program	\$90
Cluster Program K-5	\$90
Gr. 9-12 Sun. 5:00-8:30 PM	\$90

MAXIMUM \$250.00 per family + SACRAMENTAL FEES

OFFICE USE ONLY

Check Number _____

Amount \$ _____

Date Received ____/____/____

FAMILIES MUST BE REGISTERED WITH THE PARISH

Student Name: _____ **Sex:** _____

Was this child baptized in the Catholic Church? Y/N If no, please explain:

Date of Birth: ____/____/____ **Allergies: :** _____ **Medications: :** _____

School Attending: _____ **Entering Grade:** _____

PreK-8 Sun. 8-9:30a.m. _____ PreK-8 Sun. 10-11:30a.m. _____ Family Home Program PreK-8 _____

Cluster Program K-5 _____ Gr. 9-12 Sun. 5:00-8:00 p.m. _____

Grades 9-12 meet at the church; all other grades meet at the Urbana Middle School.

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Family Information:

Please fill out completely and clearly

Family's Last Name: _____

Father's Name: _____

Religion: _____

Mother's Name: _____

Religion: _____

Mailing Address: _____

Name of Residential Development: _____

Phone Numbers:

(H): _____ (W): _____ (C): _____

E-mail: _____

2nd E-mail: _____

Emergency contact:

_____ Relationship: _____ Phone: _____

Family Status: ___Two-parent Family ___ Single-parent Family ___ Blended Family

Second mailing address: _____

Is there a Parent Custodial Order? If so, please explain:

Please indicate any special needs or learning differences your child has:

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