

# Saint Thomas Becket 2020-2021 Children & Youth Formation Registration

Date \_\_\_\_\_

Family Name \_\_\_\_\_ Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Mother's Primary Phone \_\_\_\_\_ Father's Primary Phone \_\_\_\_\_

\_\_\_\_\_ OK to text this #? \_\_\_\_\_ OK to text this #? \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_ Stepmother's Name \_\_\_\_\_ Stepfather's Name \_\_\_\_\_

Primary E-mail(s) (required) \_\_\_\_\_  
*This is how updates & program information will be communicated - check email regularly*

<b>Faith Formation</b>		<b>Sacramental Preparation</b>	
PreK-Grade 5 At Home Gospel Weekly Materials will be mailed	Middle School Grades 6-8 Zoom classes 2x month Wed. 7:00-8:00pm	First Eucharist (Communion) Includes First Reconciliation Prep. 2 <sup>nd</sup> Grade or older Fall 2020/Spring 2021	Confirmation Year 1 Grade 9 or older

**Please list all children being registered on one sheet.  
Please list special needs on the back of this page \***

Name	M/F	School	Grade Level 2020-2021

**Catechist Discount** (Middle school, Confirmation) \$45 per catechist \_\_\_\_\_ (We will mail you \$ in Nov.)

**Sacramental Preparation**

- **First Eucharist/First Reconciliation: \$50/child**  
-Must also be registered for Gospel Weekly Program or attend Catholic School
- **Confirmation Year 1: \$85**

**Faith Formation Programs**

- **Pre K-Grade 8: \$85/child**

**Deadline to Register**  
 Sept. 15<sup>th</sup>  
 We are unable to honor 1 friend request (Middle School/Confirmation) **AFTER** this date

**Finances should not prohibit participation**  
*Financial aid is available*  
 Contact Parish Office  
 651-683-9808

**OFFICE USE** Date keyed to CN \_\_\_\_\_ Check \_\_\_\_\_

**SAINT THOMAS BECKET FAITH FORMATION EMERGENCY CONTACT INFORMATION**

Emergency Contact in case a parent cannot be reached:

_____	_____	_____
Name	Cell Phone	Home Phone

First choice of hospital \_\_\_\_\_

Do any of your children have special needs—physical, sensory, cognitive or social/emotional—of which we should be aware so that we can serve him/her properly?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any food allergies? Please list child’s name and her/his food allergy(ies).

\_\_\_\_\_  
\_\_\_\_\_

\* Middle School & Confirmation Students may request 1 friend to be in their group.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_