

**Catholic Community of Saint Thomas Becket 2019 - 2020 Faith Formation Registration Date \_\_\_\_\_**

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

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_

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

Primary E-mail (required) \_\_\_\_\_  
*This is our primary means of communication with families throughout the year.*

<b>Faith Formation</b>	<b>Sacramental Preparation</b>
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**Please list all children being registered on one sheet.**  
**Please list special needs or (1) friend request on the back of this page.**

Name	M/F	School	Date of Birth	Grade Level 2019 - 2020	Finding God Elementary Grades 1-5		Middle School Grades 6-8 Wed 7:30-8:30 pm	First Reconciliation + First Eucharist (2 <sup>nd</sup> Grade) Fall 2019 / Spring 2020	First Reconciliation -2 <sup>nd</sup> Grade and older Fall 2019
					Wed 4:30-5:30 pm	Wed 6:15-7:15 pm			

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

**Sacramental Preparation\*\***

- First Eucharist + First Reconciliation \$100/child\*
  - First Reconciliation \$45/child\* - (2nd grade and older)
- \*(Must also be registered for Wednesday Faith Formation program or attend Catholic School)

\*\***(SACRAMENTS NOT INCLUDED IN FF FAMILY CAP)**

**Faith Formation Programs**

Grades 1-8 – \$85/child if registered by Aug. 9th  
 \$125 if registered after Aug.9th  
 (Family Cap\*\* \$255 [\$375 after 8/9] for Faith Formation Only)

**Early Bird Discount Registration Deadline August 9<sup>th</sup>**

**Final Deadline Sept. 13<sup>th</sup> Unable to honor special requests 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 \_\_\_\_\_

**Please fill out both sides of this form**

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

**PLEASE CHECK YES OR NO**  
**\_\_\_Yes \_\_\_No**  
I give the Catholic Community of Saint Thomas Becket permission to use my child's image in print, electronic, and video format for parish communications and publicity purposes. Catholic Community of Saint Thomas Becket will not identify children by name in any of the formats.

Emergency Contact in case a parent cannot be reached:

_____	_____	_____
Name	Cell Phone	Home Phone

In case of a medical emergency, our procedure is to contact the parents at the numbers listed above. When this is not possible, the designated alternates may be asked to care for your child until the parents can be reached. Depending on the medical emergency, a police vehicle or ambulance may be called to transfer your child to a hospital or emergency service.

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

Do any of your children have any conditions—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).

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

Any other information we need to be aware of?

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

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

Date\_\_\_\_\_