

ST TERESA OF CALCUTTA FAITH FORMATION Re-Registration 2017-18

The following child/children will return to Faith Formation classes. Please put additional children info on back of form.

1. FULL NAME _____ ENTERING GRADE _____ DOB _____
SCHOOL _____ List any Medical or Learning Considerations _____ (provide or update IEP)

CHECK PREFERRED CLASS TIME:

- SUMMER SESSION (JUNE 20-JUNE 30, 8:30am-12:30PM) FOR GRADES 1 THROUGH 7
 WEEKLY SUNDAY 9:30-10:45AM FOR GRADES K THROUGH 7
 WEEKLY TUESDAY 3:30 -4:45PM FOR GRADES 1 THROUGH 6
 WEEKLY TUESDAY EVE 7-8:30pm FOR GRADE 7
 HOME SCHOOL FOR GRADE 1 THROUGH 7
 CONFIRMATION PREP YEAR 2 (SUNDAY EVE 7-9pm 2-3 X A MONTH) MUST HAVE COMPLETED CONFIRMATION PREP YEAR ONE
 High School Confirmation Prep

2. FULL NAME _____ ENTERING GRADE: _____ DOB _____
SCHOOL _____ List any Medical or Learning Considerations _____

CHECK PREFERRED CLASS TIME:

- SUMMER SESSION (JUNE 20-JUNE 30, 8:30am-12:30PM) FOR GRADES 1 THROUGH 7
 WEEKLY SUNDAY 9:30-10:45AM FOR GRADES K THROUGH 7
 WEEKLY TUESDAY 3:30 -4:45PM FOR GRADES 1 THROUGH 6
 WEEKLY TUESDAY EVE 7-8:30pm FOR GRADE 7
 HOME SCHOOL FOR GRADE 1 THROUGH 7
 CONFIRMATION PREP YEAR 2 (SUNDAY EVE 7-9pm 2-3 X A MONTH) MUST HAVE COMPLETED CONFIRMATION PREP YEAR ONE
 High School Confirmation Prep

3. NAME _____ ENTERING GRADE _____ DOB _____
SCHOOL _____ List any Medical or Learning Considerations _____

CHECK PREFERRED CLASS TIME:

- SUMMER SESSION (JUNE 20-JUNE 30, 8:30am-12:30PM) FOR GRADES 1 THROUGH 7
 WEEKLY SUNDAY 9:30-10:45AM FOR GRADES K THROUGH 7
 WEEKLY TUESDAY 3:30 -4:45PM FOR GRADES 1 THROUGH 6
 WEEKLY TUESDAY EVE 7-8:30pm FOR GRADE 7
 HOME SCHOOL FOR GRADE 1 THROUGH 7
 CONFIRMATION PREP YEAR 2 (SUNDAY EVE 7-9pm 2-3 X A MONTH) MUST HAVE COMPLETED CONFIRMATION PREP YEAR ONE
 High School Confirmation Prep

(Please complete information on reverse side of registration form)

Father's Full Name _____

Mother's Full Name (including Maiden Name) _____

Phone _____ Alternate _____

Family Address _____ City _____ Zip _____

CHECK CHILD RESIDENCY (BOTH PARENTS) _____ FATHER _____ MOTHER _____ OTHER _____

E-Mail (required) _____

Emergency Contact _____ # _____

Person/s Responsible for Pickup _____

**ONE CHILD: \$120; TWO CHILDREN: \$190; THREE OR MORE CHILDREN: \$235
THERE WILL BE A \$35 LATE FEE AFTER MAY 15.**

- Parents who volunteer as catechists or aides will have their registration fee waived.
 - Yes, I would like to serve as a CATECHIST _____
 - Yes, I would like to serve as an AIDE _____
- There will be an additional fee for the children preparing for the Sacraments of Reconciliation, Holy Eucharist and Confirmation which will be due with the application for the sacrament.

MAKE CHECKS PAYABLE TO ST. TERESA OF CALCUTTA MAIL TO 809 PARK AVE, COLLINGSWOOD, NJ 08108

Completed Registration includes Fee Enclosed: _____ **CK #** _____