

# St. Francis Borgia Christian Formation Registration Form 2013-2014

FAMILY NAME: \_\_\_\_\_

HOUSEHOLD PHONE: \_\_\_\_\_

**PLEASE PRINT CLEARLY!**

SEND CORRESPONDENCE TO:

\*CF PRIMARY E-MAIL: \_\_\_\_\_ (Required) \*CF SECOND E-MAIL (if needed): \_\_\_\_\_

\*ALL email for CF Class correspondence only (1<sup>st</sup> Communion, Confirmation, service, retreats, weather closures) will go to these email addresses.

MAILING ADDRESS: \_\_\_\_\_  
Street City State Zip

FATHER: Mr. \_\_\_ Dr. \_\_\_ \_\_\_\_\_  
Last First Other Phone (Cell or Work)

MOTHER: Mrs. \_\_\_ Ms. \_\_\_ Miss \_\_\_ Dr. \_\_\_ \_\_\_\_\_  
Last First Other Phone (Cell or Work)

ADDITIONAL CF MAILING ADDRESS: \_\_\_\_\_  
(Example: Non-custodial parent or guardian) Name Street City State Zip

**EMERGENCY CONTACT IF PARENT CANNOT BE REACHED:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

Do we have your permission to use photos or videos of your child(ren) taken during program activities? Names are not published.  Yes

\*\*HEAD HOUSEHOLD EMAIL (if different from above): \_\_\_\_\_ SPOUSE EMAIL (if different from above): \_\_\_\_\_

\*\*General email for **Parishwide** correspondence (EMessenger, Fr. Tom Weekender, Stewardship) will go to these addresses.

CHILD &/or ADULT PARTICIPANT NAMES	M/F	SCHOOL ATTENDING	GRADE IN FALL	BIRTHDATE	SACRAMENTS RECEIVED (Y/N)			
					LAST	FIRST	GOES BY	BAPT

**Confidential Information**

Please indicate any physical, sensory, emotional or learning needs or any other special needs/circumstances that your child(ren) have which will assist the catechist in the classroom.

CHILD NAME	SPECIAL CIRCUMSTANCES/NEEDS	ALLERGIES

(Use below space if necessary)

**\*\*PLEASE COMPLETE BOTH SIDES OF FORM\*\***

# St. Francis Borgia Christian Formation Registration Form 2013-2014

**Did you remember to:**

- Turn in your registration form by **July 15<sup>th</sup>**?
- Include a **\$25 non-refundable deposit** per family **or full payment** with the registration form by **Monday, July 15<sup>th</sup>** to secure a spot on the class roster?
- Add a **\$70.00 Meal Fee** if you are participating in the Family Program? (Mmmm!)
- Mark **Tuesday, September 10<sup>th</sup>** on your calendar if you have a balance due, unless a payment plan has been arranged?
- Have a fun summer?

Checks payable to: **SFB CF TUITION**

**FULL PAYMENT DUE ON or BEFORE September 10, 2013\***

**Number of Participants:**

- 1 Child. . . . .  **\$150**
- 2 Children. . . . .  **\$225**
- 3 Children. . . . .  **\$275**
- 4+ Children. . . . .  **\$315**

Family Program **ONLY** Meal Fee add \$70.00 + \_\_\_\_\_

**TOTAL DUE 9/10/13** ⇨ \$ \_\_\_\_\_

**AMOUNT ENCLOSED:** \$ \_\_\_\_\_ \*

\*To secure a spot on the class roster, a **\$25.00 non-refundable deposit must accompany this form by 7/15/13**. This deposit will be applied to your total **WITH** the balance due 9/10/2013.

Forms received **AFTER 7/15/13** will be assessed a \$25.00 LATE FEE.

**Please indicate your choice of program day/time:**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>K3 - K5</b> Sunday program   | <input type="checkbox"/> Grades <b>6-10</b> Wednesday program** |
| <input type="checkbox"/> 4:30PM or <input type="checkbox"/> 6:15PM Grades <b>1-5</b> Wednesday program | <input type="checkbox"/> Grade <b>11</b> Confirmation program** |
| <input type="checkbox"/> Monday <b>Family</b> program*   | <input type="checkbox"/> <b>Homeschool</b> program***           |

\*Additional \$70.00 per family meal charge

\*\*Additional retreat fee

\*\*\*Materials provided by CF Department. Call for fee schedule.

**Please prayerfully consider joining our Christian Formation team<sup>+</sup>. Catechists will receive an incentive of either a stipend or tuition waiver/reduction. Indicate if you would like more information here:**

Volunteer Name: \_\_\_\_\_ Preferred Grade: \_\_\_\_\_

**Position:** [ ] Catechist [ ] Classroom Parent/Aide [ ] Hall Monitor/Receptionist

**Program:** [ ] Sunday [ ] Family [ ] Wednesday 4:30 [ ] Wednesday 6:15 [ ] Wednesday 7:15

<sup>+</sup> A Safe Environment Education training session is required by the Archdiocese for all adults.

**I am committed to supporting my children in the CF Program and meeting my financial obligation.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Office Use Only			
Env.# _____	[ ] PP		
Date: _____	Paid By: [ ] Check, # _____	[ ] Cash [ ] Stipend [ ] Waiver	Amount \$ _____
Date: _____	Paid By: [ ] Check, # _____	[ ] Cash [ ] Stipend [ ] Waiver	Amount \$ _____
Date: _____	Paid By: [ ] Check, # _____	[ ] Cash [ ] Stipend [ ] Waiver	Amount \$ _____
Date: _____	Paid By: [ ] Check, # _____	[ ] Cash [ ] Stipend [ ] Waiver	Amount \$ _____