

**Must be registered in Parish**

**\*\*\*For Office Use Only\*\*\***

Parish ID # \_\_\_\_\_  
Date Paid \_\_\_\_\_  
Cash \_\_\_\_\_  
Check # \_\_\_\_\_  
Online \_\_\_\_\_  
Scholarship \_\_\_\_\_

**St. Jude Parish  
Family Faith Formation**

**Registration 2017-2018  
Grades K-6 (except Sacraments)**

**Class Fee  
\$60.00  
each child**

**(\$180.00 max./family  
except all Sacraments)**

**Make check payable  
to St. Jude Parish**

**Please PRINT All Information Clearly**

Family Name (Last) \_\_\_\_\_ Child's (if different) \_\_\_\_\_

Parent/Guardian First Names (both) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

**Note: Program information/updates sent weekly by email  
EMERGENCY information will be sent by text**

Preferred Parent E-mail(s) \_\_\_\_\_

**Special Release Information**

Is there anyone who is **NOT** authorized to pick up your child(ren)? \*\*

\_\_\_\_\_  
\*\* Custody issues should be documented in the FFF Office

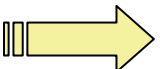
My child's photo may be taken/used for St. Jude Family Faith Formation promotional purposes. No names will be used. I understand that this registration information may be made available to St. Jude Staff and Family Faith Formation volunteers. Your initials here are acceptable as signature.

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

**Emergency Contact Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Parents: The success of our Family Faith Formation Program depends upon your willingness to participate fully and volunteer your time and talents. We are looking for parents/grandparents to be classroom co-leaders. **We would like to have a team of 3 co-leaders for each classroom.** You do not have to create the weekly lessons - they are complete and ready to use. Please consider this ministry that is so meaningful to our children's faith development.



**Please complete all information on this form**

Program Level	Student Name (First, Last)	Tuesday PM (choose one)	Date of Birth (m/d/yr)	M/F	Grade 2017-2018	Sacraments (Y/N) Bap. 1 <sup>st</sup> Euch. Conf.	Medical Issues/Allergies/ Other Information We Need
Grades K & 1	_____	<input type="checkbox"/> 4:15-5:30 <input type="checkbox"/> 6:30-7:45	_____	____	____	____	_____
	_____	<input type="checkbox"/> 4:15-5:30 <input type="checkbox"/> 6:30-7:45	_____	____	____	____	_____
	_____	<input type="checkbox"/> 4:15-5:30 <input type="checkbox"/> 6:30-7:45	_____	____	____	____	_____

<b>Sacraments Grades 2 &amp; 3*</b>	Children in 2nd grade who will be preparing to receive the sacraments of First Reconciliation and First Eucharist this year must complete the separate 1st Reconciliation & 1st Eucharist Registration Form. * Children in 3rd grade who have <b>NOT</b> received these sacraments should enroll in this class.
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Program Level	Student Name (First, Last)	Tuesday PM (choose one)	Date of Birth (m/d/yr)	M/F	Grade 2017-2018	Sacraments (Y/N) Bap. 1 <sup>st</sup> Euch. Conf.	Medical Issues/Allergies/ Other Information We Need
Grades 3 & 4	_____	<input type="checkbox"/> 4:15-5:30 <input type="checkbox"/> 6:30-7:45	_____	____	____	____	_____
	_____	<input type="checkbox"/> 4:15-5:30 <input type="checkbox"/> 6:30-7:45	_____	____	____	____	_____
	_____	<input type="checkbox"/> 4:15-5:30 <input type="checkbox"/> 6:30-7:45	_____	____	____	____	_____

Program Level	Student Name (First, Last)	Tuesday PM (choose one)	Date of Birth (m/d/yr)	M/F	Grade 2017-2018	Sacraments (Y/N) Bap. 1 <sup>st</sup> Euch. Conf.	Medical Issues/Allergies/ Other Information We Need
Grades 5 & 6	_____	<input type="checkbox"/> 4:15-5:30 <input type="checkbox"/> 6:30-7:45	_____	____	____	____	_____
	_____	<input type="checkbox"/> 4:15-5:30 <input type="checkbox"/> 6:30-7:45	_____	____	____	____	_____
	_____	<input type="checkbox"/> 4:15-5:30 <input type="checkbox"/> 6:30-7:45	_____	____	____	____	_____