



K-5 Faith Formation Registration Form 2017-2018

Must be a registered member of St. Timothy before you can register.
\$5 discount per child if registered & paid by June 1, 2017.

Date: _____

Family Last Name:	Envelope #:	Best Phone:	
Best Email:	Child(ren) live with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian (Name: _____)		
Street Address:	City:	State:	Zip:
Father's Name:	Father's Cell:		
Mother's Name:	Mother's Cell:		
Emergency Contact Name(s) & Number(s):			

Please check appropriate box below

Name of Child #1:		<input type="checkbox"/> My Child NEEDS BAPTISM <input type="checkbox"/> Baptized at St. Timothy's <input type="checkbox"/> Baptized in another Catholic Church: _____ <input type="checkbox"/> Baptized, Not Catholic. Religion: _____	
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
School Name:	Grade Level (Fall 2017):	My child needs, this year: First Reconciliation: <input type="checkbox"/> Yes <input type="checkbox"/> No First Holy Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Attended Catholic Faith Formation Classes Before: <input type="checkbox"/> Yes <input type="checkbox"/> No Last grade Faith Formation classes completed: _____ Name of Parish/Catholic School _____	Register Child for: <input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> (2)FHC <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> SPOC <input type="checkbox"/> RCIA Children K-5 (Sunday @ 9:30am) Session, 1 st choice: <input type="checkbox"/> Sunday at 10:30am <input type="checkbox"/> Monday at 4:30pm <input type="checkbox"/> Monday at 6:00pm Session, 2 nd choice: <input type="checkbox"/> Sunday at 10:30am <input type="checkbox"/> Monday at 4:30pm <input type="checkbox"/> Monday at 6:00pm	For your child to receive First Communion this year (2018) they must have attended Catholic Faith Formation the previous year (2016-2017). Please attach the Catholic Baptismal certificate. If not baptized Catholic the child will prepare for the sacraments through the RCIA process. What we should know about your child (allergies, medical, behavioral or physical conditions): 	

2017-2018 Fees

Office Use Only: Today's Date: _____

K-5 Faith Formation (\$60): _____ First Communion Year (\$100) : _____
 Sacramental Prep Older Children (\$100): _____ Catholic School Student-FHC (\$50) _____ RCIA Adapted K-5 (\$100): _____

Middle School EDGE (\$60): _____ High School Youth Ministry (\$60): _____ Confirmation Year (\$100): _____
 Catholic School Student, Confirmation Only (\$50): _____ RCIA Adapted Youth (\$100): _____

Early Registration Discount: _____ Catechist Discount: _____ Check #: _____
 Cash: _____ Balance Due: _____
 Charge: _____

Total Amount Due: _____

Family Last Name:		
Name of Child #2:		<input type="checkbox"/> My Child NEEDS BAPTISM <input type="checkbox"/> Baptized at St. Timothy's <input type="checkbox"/> Baptized in another Catholic Church: _____ <input type="checkbox"/> Baptized, Not Catholic. Religion: _____
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
School Name:	Grade Level (Fall 2017):	My child needs, this year: First Reconciliation: <input type="checkbox"/> Yes <input type="checkbox"/> No First Holy Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No
Attended Catholic Faith Formation Classes Before: <input type="checkbox"/> Yes <input type="checkbox"/> No Last grade Faith Formation classes completed: _____ Name of Parish/Catholic School _____	Register Child for: <input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> (2)FHC <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> SPOC <input type="checkbox"/> RCIA Children K-5 (Sunday @ 9:30am) Session, 1st choice: <input type="checkbox"/> Sunday at 10:30am <input type="checkbox"/> Monday at 4:30pm <input type="checkbox"/> Monday at 6:00pm Session, 2nd choice: <input type="checkbox"/> Sunday at 10:30am <input type="checkbox"/> Monday at 4:30pm <input type="checkbox"/> Monday at 6:00pm	For your child to receive First Communion this year (2018) they must have attended Catholic Faith Formation the previous year (2016-2017). Please attach the Catholic Baptismal certificate. If not baptized Catholic the child will prepare for the sacraments through the RCIA process. What we should know about your child (allergies, medical, behavioral or physical conditions): _____
Name of Child #3:		<input type="checkbox"/> My Child NEEDS BAPTISM <input type="checkbox"/> Baptized at St. Timothy's <input type="checkbox"/> Baptized in another Catholic Church: _____ <input type="checkbox"/> Baptized, Not Catholic. Religion: _____
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
School Name:	Grade Level (Fall 2017):	My child needs, this year: First Reconciliation: <input type="checkbox"/> Yes <input type="checkbox"/> No First Holy Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No
Attended Catholic Faith Formation Classes Before: <input type="checkbox"/> Yes <input type="checkbox"/> No Last grade Faith Formation classes completed: _____ Name of Parish/Catholic School _____	Register Child for: <input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> (2)FHC <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> SPOC <input type="checkbox"/> RCIA Children K-5 (Sunday @ 9:30am) Session, 1st choice: <input type="checkbox"/> Sunday at 10:30am <input type="checkbox"/> Monday at 4:30pm <input type="checkbox"/> Monday at 6:00pm Session, 2nd choice: <input type="checkbox"/> Sunday at 10:30am <input type="checkbox"/> Monday at 4:30pm <input type="checkbox"/> Monday at 6:00pm	For your child to receive First Communion this year (2018) they must have attended Catholic Faith Formation the previous year (2016-2017). Please attach the Catholic Baptismal certificate. If not baptized Catholic the child will prepare for the sacraments through the RCIA process. What we should know about your child (allergies, medical, behavioral or physical conditions): _____

Family Last Name:		
Name of Child #4:		<input type="checkbox"/> My Child NEEDS BAPTISM <input type="checkbox"/> Baptized at St. Timothy's <input type="checkbox"/> Baptized in another Catholic Church: _____ <input type="checkbox"/> Baptized, Not Catholic. Religion: _____
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
School Name:	Grade Level (Fall 2017):	My child needs, this year: First Reconciliation: <input type="checkbox"/> Yes <input type="checkbox"/> No First Holy Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Child #5:		<input type="checkbox"/> My Child NEEDS BAPTISM <input type="checkbox"/> Baptized at St. Timothy's <input type="checkbox"/> Baptized in another Catholic Church: _____ <input type="checkbox"/> Baptized, Not Catholic. Religion: _____
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
School Name:	Grade Level (Fall 2017):	My child needs, this year: First Reconciliation: <input type="checkbox"/> Yes <input type="checkbox"/> No First Holy Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No
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SAINT TIMOTHY
CATHOLIC CHURCH

Faith Formation
Pick-up Authorization & Allergy Form

Child #1 Name: _____ Class: _____
 Child #2 Name: _____ Class: _____
 Child #3 Name: _____ Class: _____
 Child #4 Name: _____ Class: _____
 Parent/Guardian: _____ Cell: _____
 Parent/Guardian: _____ Cell: _____

Authorized to Pick-Up (other than parents)	Phone Number #1	Phone Number #2

Allergy Information

Child 1:	
Child 2:	
Child 3:	
Child 4:	

I authorize my children to be photographed for the bulletin, First Communion and church website (no names attached). _____
 (Parent/Guardian Signature)



SAINT TIMOTHY
CATHOLIC CHURCH

Promotional Media Release

During the Faith Formation Program Year, _____ may participate

(Child's Name)

in videotape, motion picture, audio recording or still photograph productions that involve the use of students' names, likenesses or voices. Such productions may be used for educational or exhibition purposes by St. Timothy Catholic Church in perpetuity and may be copied, copyrighted, edited and

(Parish Name)

distributed by St. Timothy Catholic Church in perpetuity unless said consent is revoked in writing.

(Parish Name)

News media, including representatives of television, radio, newspapers and magazines, also often are permitted on parish property and may take notes, still, photos, sound recordings and/or moving pictures that may include your child. These items may appear or be used in news or feature stories by print, television or radio media.

You have the right to object to the use of your child's name, picture or voice in these productions and may do so by completing the form below and returning it to the Parish Director of Faith Formation for St. Timothy Catholic Church.

(Parish Name)

If you have any questions, please contact the Faith formation office at:

813-961-1716. Please return this form by August 1, 2017.

(Phone/E-Mail)

(Date)

I/We, the undersigned, **do** or **do not** hereby consent that:

(Circle One)

St. Timothy Catholic Church may use the name, portrait, or other likeness of my child for

(Parish Name)

St. Timothy Catholic Church bulletin boards, Website, news releases, media and promotional activities.

(Parish Name)

This consent is renewed at the beginning of each Faith Formation Program Year.

(complete one for each child)

Student's Name

Date of Birth

Father or Legal Guardian's Name (print)

Father or Legal Guardian's Signature

Date

Mother or Legal Guardian's Name (print)

Mother or Legal Guardian's Signature

Date