

Faith Formation Registration 2015 – 2016

Family Information

Parents' Names: _____

Address: _____

City, State, Zip: _____

E-Mail: _____ Phone: _____

As an integral part of our faith formation curriculum, we will be teaching Catechesis for Family Life. This age-appropriate program about Christian living, chastity, character formation, and safe environment training promotes communication between you and your child. You are encouraged to review the program materials that the teacher will be using in the classroom, as well as the materials you will receive for home discussion. After examining the program, if you have any questions or concerns about your child participating in these lessons, please contact Kristen Bowden at 410-523-4161.

My children (5th grade and above) do / do not have permission to leave Midtown Academy at the dismissal of Faith Formation without an adult chaperone.

Parent Signature: _____

The following adults have permission to pick up my children if I am unable to do so:

Student Information

Student Name: _____
 First Middle Last

Date of birth: ___/___/___ Age: _____ Male/Female

Grade: _____ School: _____

Baptized (circle one): Yes Needs Communion (circle one): Yes Needs N/A

Food Allergies: Yes/No If Yes, please list: _____

Any special needs, illnesses or additional information: _____

Student Name: _____
 First Middle Last

Date of birth: ___/___/___ Age: _____ Male/Female

Grade: _____ School: _____

Baptized (circle one): Yes Needs Communion (circle one): Yes Needs N/A

Food Allergies: Yes/No If Yes, please list: _____

Any special needs, illnesses or additional information: _____

Student Name: _____
First Middle Last

Date of birth: ___/___/___ Age: _____ Male/Female

Grade: _____ School: _____

Baptized (circle one): Yes Needs Communion (circle one): Yes Needs N/A

Food Allergies: Yes/No If Yes, please list: _____

Any special needs, illnesses or additional information: _____

Student Name: _____
First Middle Last

Date of birth: ___/___/___ Age: _____ Male/Female

Grade: _____ School: _____

Baptized (circle one): Yes Needs Communion (circle one): Yes Needs N/A

Food Allergies: Yes/No If Yes, please list: _____

Any special needs, illnesses or additional information: _____

There is a fee of \$100 per child for Faith Formation classes. Families should be registered members of the parish to participate in Faith Formation at Corpus Christi.

Number of students registered _____ X \$100= \$ _____

Make checks payable to Corpus Christi. Please write *Faith Formation* in the memo line. Forms can be mailed, dropped in the collection basket in an enveloped marked *Faith Formation at Mass*, or brought to the parish office by Sunday, September 6, 2015. After September 6th, please hold your registrations until the first day of class on September 20th. Please plan to arrive at Midtown Academy by 9:00 AM to register on September 20th.

To set up a payment plan, please contact Kristen Bowden by phone at 410-523-4161 or by email at kristen.bowden@archbalt.org.

For Office Use:

Parish Member Yes No Form sent: _____

Payment plan: _____

Received by _____

Registration Fee Received _____ \$ _____

Date

CK#

Amount

_____ *Date*

_____ *CK#*