

St. Pio of Pietrelcina Parish Faith Formation Program Registration: 2018-2019

DEADLINE FOR REGISTRATION IS TUESDAY, AUGUST 28, 2018

****There will be a \$10.00 late fee for any registration forms received after Tuesday, August 28, 2018**

Father _____ **Professed Religion** _____
Last name First Name (Catholics state Rite: Roman, Maronite, Chaldean, etc.)

Home Phone _____ **Work** _____ **Cell** _____ **Email** _____

Address _____ **City** _____ **Zip** _____

Mother _____ **Professed Religion** _____
Last name First Name (Catholics state Rite: Roman, Maronite, Chaldean, etc.)

Home Phone _____ **Work** _____ **Cell** _____ **Email** _____

Address _____ **City** _____ **Zip** _____

(If different from above)

Marital Status of Parents/Guardians: (Circle One) **Married** **Separated** **Divorced** **Widowed** **Single**

Remarried Name _____ **and/or Step-parent Name** _____

Parent (s)/Guardian (s) to whom mail is addressed _____

Students First Name (Last if different from parents/guardians)	M/F	Birth date	Grade	Baptized @ What Parish	First Communion @ What Parish	Confirmation @ What Parish	Monday K-6 4:30-5:45	MSM 7&8

\$30 Non-Refundable Book fee per child due at registration

\$90 - One child Grade K-8 + book fee

\$160 Family rate - 2 or more children Grades K-8 + Book fees per child

Payment options: A = Payment in full at registration (including Book fees) B = half tuition October 01 and half tuition March 01 (Book fees at Registration)

Please circle option and include payment A B Please make checks payable to St. Pio Parish

****If new to the program, please provide a copy of your child's Baptismal Certificate with registration unless baptized at St. Pio (formerly St. Athanasius/Sacred Heart/Our Lady Queen of All Saints).**

(FOR OFFICE USE ONLY)

Date Rec'd _____ **Non-Refundable Book Fee Pd.** _____ **Tuition Paid** _____ **Check #** _____ **Cash** _____ **Balance due** _____

St. Pio of Pietrelcina Faith Formation

Media Consent Waiver

I understand that photography and/or video of my child may be taken during any of the St. Pio Faith Formation / Youth Ministry Programs to be used in the publication of parish newsletters, St. Pio bulletins, and/or parish website.

Emergency Contact Information

In case you can't be reached, please list the name of another person (Relatives, Neighbors, etc.) who have your authorization to assume temporary care of your child until you are available.

Name: _____

Phone: _____ Relationship: _____

Please list any medical information that would be helpful to know, examples: Diabetic, any food allergies, or any learning disabilities (Includes Attention Deficit Disorder) or any other medical problems or allergies.

Please Note: The Medical Treatment Release Form is also required in addition to the information provided above.

Please read the following and sign below:

My signature acknowledges that I have read the St. Pio Faith Formation Policy Handbook, and will follow the procedures outlined, including Media Consent Waiver, Emergency Contact information, and Medical Release Information.

Date: _____ Parent/Guardian Signature: _____