## FAITH FORMATION GRADES K THRU 10

Registration for September classes will start on July 1<sup>st</sup>. **Blue** forms will be available on the Welcome Counter. Please **do not** mail them in; forms must be handed in to Joanne Kazista or Office. Deadline for registration is August 26<sup>th</sup>, after which there will be a late fee. We need to know this information prior to classes starting in order to purchase books and supplies for each student, and to set up classrooms.

All children registering for the first time will need to have a copy of their Baptismal certificate. Sacrament classes are a two year program, so if you have a child in first grade, they need to be registered this year in Communion 1 class.

If there is a problem with the registration fee, please feel free to speak with Father John, and/or Joanne Kazista. I am available Sunday mornings and Tuesday thru Friday from 9am until noon.

Classes starting September 8<sup>Th</sup>

## **KINDERGARTEN**

Sundays promptly from 9:30am to 10:30am

Grades 1 (Communion 1) thru Fifth
Sundays promptly from 9:30am until 11:00am

Grades 6 thru 7
Starts September 10th
Sundays promptly from 6:30pm until 8pm

Grade 8 (pre-confirmation)

Must be completed prior to entering Confirmation classes

Starts September 8th

Sunday evenings

Promptly from 6:30pm until 8pm

CONFIRMATION
Starts September 8th

Grades 9 and 10
Promptly from 6:30pm until 8pm

Registration begins the same as Faith Formation Your lavender forms will be in the same area.

Class will be on Sundays starting September 8th **Promptly** from 6:30pm until 8pm

Remember a new form needs to be completed each year.

All parents/guardians must be present at the first class on September 8<sup>th</sup>

## ALL SAINTS CATHOLIC CHURCH FAITH FORMATION REGISTRATION

24-25

GRADE	
PARISH REG#	

\_Date\_\_\_\_

•		PARISH REG#
FAMILY INFORMATION	·	
STUDENTS NAMEmid	ldlelast	DOB
ADDRESS		CITY/ZIP
PARENT E-MAIL ADDRESS		
FATHER/GUARDIAN'S FULL	to the second	
NAMEmiddle	WORK PHONE	CFLI
TIONE THONE	WORKT HONE	CELL
MOTHER/GUARDIAN'S FULL		
NAMEmiddle	maiden	last CELL
HOME PHONE	WORK PHONE	CELL
SACRAMENTAL CHECKLIST (new students must attach a copy of Baptismal certificate)		
Baptism date	church	city/state
First Communion date	church	city/state
PLACEMENT AND TUITION		
<ul> <li>Describe any special accom</li> </ul>	modations your child needs	
TUITION HELPS COVERS THE COST OF BOOKS, SUPPLIES AND ACTIVITIES		
1 CHILD \$50 2 CHILDREN	N \$80 3 CHILDREN \$1	10 4 CHILDREN \$130
ADDITIONAL \$10 FEE FOR First Communion 2 students		
Total due \$(please make checks payable to ALL SAINTS CATHOLIC CHURCH) not tax deductible		
LOCAL EMERGENCY CONTACT		
Parent/Guardian	Name of Physician	
Special considerations to be aware of (allergies, medical conditions, etc.)		
If I (parent/guardian) cannot be reached in case of an emergency the bearer of this form is authorized to act on my behalf to seek medical treatment as they deem necessary for the child listed.		

Signature of Parent/Guardian\_\_\_\_\_