

# St. Alphonsa Syro-Malabar Catholic Mission

## Minnesota

### 2017 – 2018 Faith Formation Registration Form

Parents' Names: \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

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

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

Preferred email \_\_\_\_\_

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

Are you a registered member of St. Alphonsa Syro-Malabar Catholic Mission? \_\_\_Yes \_\_\_No

Fill out both sides of the form and sign

Complete the box below

List: first and last names of children you wish to register	Date of Birth	Gender	Sacraments Already Received (Bap., Euch., Recon., Conf.)	Grade in Sept. '17	School	Desired Sacrament Preparation in 2017/2018 (Recon., Euch., Confirm.)
Example: John Doe	1/31/01	M	Baptism	2	Creek Valley	Recon., Euch.

I have received and reviewed the Religious Education Policy Handbook. I give permission to the school to impart Safe Environment training to my child/children as appropriate to the age level.

Enrollment Fees: \$50.00 – help defray the expenses for curriculum, resources and supplies. Your enrollment fees, along with your continued and consistent offerings make it possible for our St. Alphonsa Syro-Malabar Catholic Mission to offer quality faith formation to its members.

Signature \_\_\_\_\_

**Date** \_\_\_\_\_

I give my permission for my child's photograph/video recording to be used in our parish newsletters, website, bulletin board or flyers at our St. Alphonsa Syro-Malabar Catholic Mission. (no names will be used)

Signature \_\_\_\_\_

**Date** \_\_\_\_\_