

Office Use Only  
 \_\_\_\_\_ Class List  
 \_\_\_\_\_ Enrollment Card  
 \_\_\_\_\_ Parish Soft  
 \_\_\_\_\_ Tuition Module

**ST. MARTIN de PORRES 2020/2021 CHRISTIAN FORMATION REGISTRATION FORM**

**★ Note: If your REGISTRATION FORM is received after June 30, 2020, a \$20.00 late fee will be assessed.** [This does not apply to new families to the program].

Payment information is located on back of this form.

TODAY'S DATE: \_\_\_\_\_ **If your child is new to our program, or entering the first grade, please submit to our office their original Baptism Certificate with the seal. We require the certificate even if your child was baptized at St Martin de Porres Church. Thank You!**

FAMILY'S LAST NAME: \_\_\_\_\_ CHILD'S LAST NAME (IF DIFFERENT): \_\_\_\_\_

FATHER'S FULL NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_ Parish of Registration  St. Martin de Porres  Other

MOTHER'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_ Parish of Registration  St. Martin de Porres  Other  
 (MAIDEN)

STEPPARENT: \_\_\_\_\_ RELIGION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

DAD'S WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ MOM'S WORK PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PARENT'S MARITAL STATUS: \_\_\_ MARRIED \_\_\_ SEPARATED \_\_\_ DIVORCED \_\_\_ WIDOWED \_\_\_ SINGLE

-Class changes may be made at a later date. Session Change Form must be completed-

CHILD'S NAME	GENDER M/F	Date of Birth	Bapt.	Comm.	Conf.	GRADE THIS SEPTEMBER	FIRST CHOICE DAY/TIME	SECOND CHOICE DAY/TIME	SCHOOL

PLEASE NOTE ANY PHYSICAL CONDITIONS/DISABILITIES/ALLERGIES, WHICH WE SHOULD BE MADE AWARE OF \_\_\_\_\_

(OVER)

PLEASE INDICATE IF YOUR CHILD IS IN NEED OF A SACRAMENT -

BAPTISM, FIRST EUCHARIST, FIRST RECONCILIATION, and/or CONFIRMATION – and ONLY IF THEY ARE BEYOND THE GRADE/LEVEL IN WHICH THE SACRAMENT IS USUALLY RECEIVED:

CHILD'S NAME	AGE/GRADE	SACRAMENT NEEDED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PARENT PARTICIPATION** - IF YOU ARE WILLING TO SERVE OUR PROGRAM, IN ANY OF THE FOLLOWING WAYS, PLEASE CHECK:

\_\_\_\_\_ AS A CATECHIST (LEVEL \_\_\_\_\_)

\_\_\_\_\_ AS A SUBSTITUTE (LEVEL \_\_\_\_\_)

\_\_\_\_\_ AS AN AIDE IN THE CLASSROOM (LEVEL \_\_\_\_\_)

- I AGREE TO BRING MY CHILD/CHILDREN TO CLASS, PREPARED AND ON TIME.
- I AGREE TO NOTIFY THE OFFICE IF MY CHILD WILL BE ABSENT.
- I WILL PERSONALLY SUPERVISE HOMEWORK ASSIGNMENTS.
- I WILL ATTEND SCHEDULED MEETINGS DURING THE YEAR.
- I WILL BE PERSONALLY RESPONSIBLE FOR MY CHILD/CHILDREN WHILE THEY ARE ATTENDING CLASSES.
- I WILL ATTEND MASS REGULARLY WITH MY CHILD/CHILDREN, UNDERSTANDING THAT ATTENDANCE AT MASS IS AN INTEGRAL PART OF THEIR RELIGIOUS FORMATION.

I ALSO AGREE TO LET MY CHILD BE PHOTOGRAPHED FOR CLASS PROJECT PURPOSES AND/OR PARISH WEBSITE.

✓ \_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

### PAYMENT METHODS

Cash

Check

**Bill Pay through your Bank**  
Be sure to indicate Account or Memo as  
“Christian Formation Tuition”

### REGISTRATION FEES

**\$90 - 1 child**  
**\$135 - 2 or more**

Please help us keep our records up to date.

Be sure to notify the office if your address, phone number, emergency phone number, email or marital status has changed!

PLEASE REMEMBER:

.....TO FILL OUT THIS FORM COMPLETELY AND SIGN.

.....REGISTRATION FORM IS DUE BEFORE JUNE 30, 2020.

[Return by mail to St. Martin de Porres attn.: Mrs. Cabe 31555 Hoover Warren, MI 48093

[Return by fax 586-264-4013 or by email to formation@smdeporres.com]

.....**NO MONEY IS DUE NOW. HOWEVER, YOU MAY MAKE A FULL OR PARTIAL PAYMENT AT THIS TIME. THANK YOU!**  
**FULL PAYMENT DUE BY OCTOBER 1, 2020.**



Please initial that you have successfully subscribed to REMIND for 2020-21.



\_\_\_\_\_ initials  
New Codes: Monday Code is @20monday  
Tuesday Code is @20tuesday  
Catechist Code is @iteach19



Confirmation Code is @holy2020  
First Eucharist is @20jesusfc

\*As of June 30<sup>th</sup>, previous codes will no longer be valid.

You **MUST** subscribe with new codes!