

ST. MARTIN de PORRES 2017 / 2018 CHRISTIAN FORMATION REGISTRATION FORM



Note: If your REGISTRATION FORM is received after June 30, 2017, 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 SEPTEMBE R	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”

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:

.....SUBSCRIBE TO REMIND (TEXT ALERTS).



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

.....REGISTRATION FORM IS DUE BEFORE JUNE 30, 2017.

[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, 2017.

Office Use Only

_____ Class List
_____ Enrollment Card
_____ Parish Soft
_____ Tuition Module