

St. Alphonsa Syro-Malabar Catholic Mission

Minnesota

2016 – 2017 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. '15	School	Desired Sacrament Preparation in 2016/2017 (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 _____