

St. Columbkille 2017-2018
Grades 1-8 Faith Formation Registration

Please complete this registration form, enclose the appropriate registration and book fees, and return it to St. Columbkille Religious Faith formation Office or deposit in the collection basket on or before September 3, 2017.

Family Information

Family Name: _____

Address: _____
Street City State Zip code

Phone: Home _____ **Cell** _____

E-mail Address (es): Father: _____ **Mother** _____

Father's Name: _____ **Religion:** _____
Last First Middle

Mother's Name: _____ **Religion:** _____
Last First Middle

Mother's Maiden Name: _____

Parents' Marital Status ___ Married ___ Divorced ___ Single ___ Widowed

Are there any custody issues? ___ Yes ___ No

(For example: shared or joint custody, no contact order, supervised visits, exchange days, anything that causes your child concern, etc.)

If yes, please specify: _____

Is there any additional information that will be of help for your child (ren) regarding parent or family circumstances? ___ Yes ___ No

(For example: serious illness of child or a family member, a recent death of someone close to the child, separation, divorce, or remarriage of parent(s), stepparent, guardian, etc.)

If yes, please specify: _____

If additional space is needed to provide information, please complete and attach another sheet. If you prefer to talk with Fr. Paul Merkovsky, Administrator, or Jay Speca, Director of Faith Formation, please contact them directly or write a note.

Emergency Contact, if parents are not available:

Name Relationship Phone Number

Registered Parishioners? ___ Yes ___ No

If not registered and would like to be or not receiving envelopes please contact the Rectory (724-695-7325).

If not St. Columbkille parishioners, to which parish do you belong? _____

Please note: It is the parents' responsibility to contact your parish about attending the St. Columbkille Program.

Individual Student Information

*Please provide the requested information for each child you are registering.
New students must submit a copy of the child's Baptismal Certificate when registering.*

Student's Name: _____ Sex M F
Last First Middle

Birth Date _____ School _____ Grade Level _____

Sacraments Received: (New Students Only)

	Date	Church
Baptism	_____	_____
Eucharist	_____	_____
Confirmation	_____	_____

Has student attended a religious education program other than St. Columbkille's? Yes No
 If yes, where, when and for what grades? _____

Is there anything about the student that his/her catechist should know? (For example: health issues, physical, emotional, cognitive, or learning disabilities, social issues, allergies, etc.) Yes No

If yes, please specify: _____

2017-18 St. Columbkille Faith Formation Class Schedules

Session Requested: (Assignments are made based on availability of catechists and classroom aides, order of registrations received, and classroom size.) First choice is given to children and grandchildren of weekly religious education volunteers.

Please indicate by number (1, 2, or 3) your preference.

<input type="checkbox"/> Mondays (Grades 1 – 6) 4:30 – 6:00 PM	<input type="checkbox"/> Mondays (Grades 7 – 8) 6:30 – 8:00 PM	<input type="checkbox"/> Wednesdays (Grades 1 – 8) 5:30 – 7:00 PM
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If the times or the days of the Faith Formation Sessions do not fit into your (or your child's) schedule, please notify the Faith Formation Office so we can help resolve the conflict.

Please be aware that St Columbkille Parish does offer a homeschooling option.

Registration Fees: *All families are asked to pay the fees at the time of registration; however, no child will be turned away because of inability to pay. Parents experiencing financial difficulty are asked to talk with Fr. Paul, Administrator, or Jay Speca, Director of Faith Formation for scholarship info.*

\$ _____ (Enter family fee)	}	\$25.00 per parish family with only one child \$50.00 per parish families with two or more children <small>(Pay this fee only once with oldest child's registration form; enter \$0 on all other forms)</small> \$70.00 per non-parishioner family
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\$ _____ \$25.00 Book Fee per child

\$ _____ Total enclosed (family fee + book fee of \$25 per child).

Checks Payable to: St. Columbkille Parish. Thank You!