| Office Use Only<br>Class List<br>Enrollment Card<br>Parish Soft<br>Tuition Module | ST. MARTIN de PORRES 2022/2023 CHRISTIAN FORMATION REGISTRATION FORM<br>Note: If your REGISTRATION FORM is received after September 1, 2022<br>a \$20.00 late fee will be assessed. <sup>[This does not apply to new families to the program].</sup><br>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 NA                 | ME (IF DIFFERENT): _ |                          |              |        |  |
| FATHER'S FULL NAME:   | Parish of Registration St. Martin de Porres  |  |                     |                  |              |                                  |                      |                          | Porres Other |        |  |
| MOTHER'S NAME:  | RELIGION: Parish of Registration St. Martin de Porres Oth  |  |                     |                  |              |                                  |                      | Porres Other             |              |        |  |
| STEPPARENT:   | (MAIDEN)RELIGION:  |  |                     |                  |              |                                  |                      |                          |              |        |  |
| ADDRESS:  | CITY:ZIP:  |  |                     |                  |              |                                  |                      |                          |              |        |  |
| HOME PHONE:   |  | EMERGENCY PHONE:E-MAIL ADDRESS:E-MAIL ADDRESS:E-MAIL ADDRESS:E |                     |                  |              |                                  |                      |                          |              |        |  |
| DAD'S WORK PHONE:   |  | CELL PHONE:MOM'S \   |                     |                  |              |                                  | OM'S WORK PHONE:     | 'S WORK PHONE:CELL PHONE |              |        |  |
| PARENT'S MARITAL STATUS:  | MA   | ARRIED   |                     | SEPARATE         | D _          | DIVORCED                         | WIDOWED              | SINGLE                   |              |        |  |
| CHILD'S NAME  | GENDER<br>M/F  | Date<br>of<br>Birth  | Date<br>of<br>Bapt. | Date of<br>Comm. | Conf.<br>Y/N | GRADE/LEVEL<br>THIS<br>SEPTEMBER | DAY                  | TIM                      | E            | 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 NE  | EEDED<br>                            | Bill Pay through<br>Be sure to indicate Acc<br>"Christian Format  | count or Memo as                     |  |
|--|--------------------------------------|---|--------------------------------------|--|
|  |                                      | REGISTRATI  | ION FEES                             |  |
|  |                                      | \$90 - 1<br>\$135 - 2   |                                      |  |
| PARENT PARTICIPATION - IF YOU ARE WILLING TO SERVE OUR   |                                      |   |                                      |  |
| PROGRAM, IN ANY OF THE FOLLOWING WAYS, PLEASE CHECK:   |                                      | Please help us keep or  | ur records up to da                  |  |
| AS A CATECHIST (LEVEL)   |                                      | Be sure to notify the o   | office if vour addre                 |  |
| AS A SUBSTITUTE (LEVEL)  |                                      | ,<br>phone number, emergenc<br>marital status   | xy phone number, e                   |  |
| AS AN AIDE IN THE CLASSROOM (LEVEL)  | PLEASE REMEMBER:                     |   |                                      |  |
|  |                                      | TO FILL OUT THIS FORM COM   | IPLETELY AND SIGI                    |  |
| <ul> <li>I AGREE TO BRING MY CHILD/CHILDREN TO CLASS, PREPAR</li> <li>I AGREE TO NOTIFY THE OFFICE IF MY CHILD WILL BE ABSE</li> <li>I WILL PERSONALLY SUPERVISE HOMEWORK ASSIGNMENT</li> <li>I WILL ATTEND SCHEDULED MEETINGS DURING THE YEAR.</li> </ul> | NT.<br>rs.                           | REGISTRATION FORM IS DUE BEFORE JUNE 30, 2<br>[Return by mail to St. Martin de Porres Attn.: Mrs. Acord 31555 Hoov<br>[Return by fax 586-264-4013 or by email to formation@smdeporres.c |                                      |  |
| I WILL BE PERSONALLY RESPONSIBLE FOR MY CHILD/CHILD  | NO MONEY IS DUE NOW. HOWEVER, YOU MA |   |                                      |  |
| <ul> <li>ARE ATTENDING CLASSES.</li> <li>I WILL ATTEND MASS REGULARLY WITH MY CHILD/CHILDR<br/>UNDERSTANDING THAT ATTENDANCE AT MASS IS AN INTE<br/>THEIR RELIGIOUS FORMATION.</li> </ul>  | -                                    | OR PARTIAL PAYMENT AT TI<br>FULL PAYMENT DUE  | HIS TIME. THANK<br>E BY OCTOBER 1, 2 |  |
|  | Please initial that you h            | ave successfully subscribed to REM  | IND for 2022-23.                     |  |
| I ALSO AGREE TO LET MY CHILD BE PHOTOGRAPHED FOR CLASS   |                                      | -   |                                      |  |
| PROJECT PURPOSES AND/OR PARISH WEBSITE.  | initiala                             | New Codes:  | Confirmation C                       |  |
| $\checkmark$   | initials<br>remind                   | Tuesday Code is @22tuesday<br>Catechist Code is @iteach22   | First Eucharis                       |  |
| SIGNATURE OF PARENT / GUARDIAN   |                                      |   |                                      |  |

## **PAYMENT METHODS**

Cash

Check

## TION FEES

our records up to date.

e office if your address, ncy phone number, email or us has changed!



| REGISTRATION FORM IS DUE BEFORE JUNE 30, 2022.   |
|--|
| $[{\it Return by mail to St. Martin de Porres Attn.: Mrs. Acord ~ 31555 Hoover Warren, MI ~ 48093$ |

to formation@smdeporres.com]

HOWEVER, YOU MAY MAKE A FULL THIS TIME. THANK YOU! **UE BY OCTOBER 1, 2022.** 

EMIND for 2022-23. remind

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

Confirmation Code is @holy2023 First Eucharist is @23jesusfc

You MUST subscribe with new codes!