



**REGISTRATION FORM FOR
Faith Formation (2018-2019)**

**7th & 8th
Grade Form**

Return the completed form to the Faith Formation Office by **June 30** to receive the discounted rate. The registration deadline is **August 20**. Forms received after this date are assessed a \$25.00 late fee.
St. Richard Parish: 3841 Dickey Road, Gibsonia, PA, 15044 – (724) 444-1971

Child's Full Name: _____ Gender: _____
LAST FIRST MIDDLE

Date of Birth: ____ / ____ / ____ Grade Entering in 2018-2019: ____ School Attending: _____

Parent/Guardian Name: _____
LAST FIRST MIDDLE INITIAL

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

*Email Address: _____ Check here if you do not have email:

*Used for communications throughout the Faith Formation Program. **Notify the office if this changes.**

Emergency Contact Name: _____

Emergency Contact Phone Number: _____ Relationship to Child: _____

Detailed descriptions of each program are available on the Parish Website:
www.saintrichardparish.org

REGISTRATION OPTIONS FOR 7th and 8th Grade "Upper Room" for 2018-2019:

| | <u>Session</u> | Check Box for Choice |
|------------------------|--|-------------------------|
| Onsite: | 1st and 3rd Wednesday of the Month 7:00 PM Mass to 9:00 PM – Grades 7 & 8 <i>*All children are strongly recommended to attend onsite for their 7th and 8th Grade Faith Formation classes in preparation for Confirmation*</i> | |
| Family Program: | These sessions are taught by parents in the home and students complete typed reflections. *Upon Request Only – Please contact the Faith Formation Office before registering* | |

Please list any information we should be aware of regarding special needs, learning disabilities, physical disabilities, allergies, medication, special requests, or stressful family situations that will help our staff better tend to the needs of your child. This information is kept confidential and is only shared with your child's Small Group Leader.

Note:

(Please turn over and complete the reverse side.)

Books & Supplies Fee:

Adult Small Group Leaders receive a 50% discount! This discount does not apply to those doing the Family Program.

| Fees | | | |
|---------------|----------------|-------------------|------------------|
| # of Children | Early: By 6/30 | Regular: 7/1-8/20 | Late: After 8/20 |
| 1 | \$60 | \$80 | \$105 |
| 2 | \$80 | \$100 | \$125 |
| 3 or More | \$95 | \$115 | \$140 |

**If the fee is a hardship, please contact the Faith Formation Office for assistance.*

SACRAMENTAL & RELIGIOUS EDUCATION INFORMATION:

Is your child baptized? **No Yes - If yes, please list the Church of Baptism: _____

Church of Baptism Street Address: _____

City: _____ State: _____ Zip Code: _____

****If your child was not baptized at St. Richard Parish, a copy of his/her Baptismal Certificate must be submitted with this registration form.**

Has your child received the Sacrament of Reconciliation? No Yes - If yes, please complete the following: Name and city of the Parish where received: _____

Has your child received the Sacrament of First Holy Communion? No Yes - If yes, please complete the following: Name and city of the Parish where received: _____

Has your child received the Sacrament of Confirmation? No Yes - If yes, please complete the following: Name and city of the Parish where received: _____

Please describe any previous Religious Education or Faith Formation (attach documentation if available.):

PARENTAL INFORMATION:

Father: _____
LAST FIRST
Address if different from the child's:

Religion: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Occupation: _____

Mother: _____
MAIDEN NAME FIRST
Address if different from the child's:

Religion: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Occupation: _____

FAMILY SITUATION:

Please check the appropriate box.

- Child lives with both parents/same last name.
- Child lives with both parents/different last names.
- Child lives with mother only. Father's Last Name: _____
- Child lives with father only. Mother's Last Name: _____
- Child lives with a Guardian - Name of Guardian: _____

Signature of Parent/Guardian: _____ **Date:** ____ / ____ / ____

-----**Faith Formation Office Use Only**-----

Date received: ____ / ____ / ____ Amount: \$ _____ Grant: \$ _____ Discount:
Cash Check No. _____ Section: _____ Room: _____