

ST. BONIFACE FAITH FORMATION REGISTRATION PRE-K THROUGH HIGH SCHOOL, 2011- 2012

OFFICE USE ONLY No. of children _____ Total fees _____ Check # _____

Are you currently registered at St. Boniface? Yes _____ No _____
--

Family Information

Parents' Name(s):	Home Phone:
Street Address:	Work / Cell Phone(s): [indicate whose: Mom's or Dad's, work or cell]
City, Zip:	Email: [indicate whose -- family or Mom's work or Dad's work]

Emergency Contact Information

Name:	Phone:	2 nd Phone:
-------	--------	------------------------

Fees Pre-K – Grade 8..... 1 child- \$100 2 children- \$160 3 or more children- \$210
 High School.....1 child- \$45 2 or more children- \$75

There are no fees for the children of catechists

- I am already signed up to teach
 I would like to teach. Grade and session preferred: _____

PLEASE REGISTER EACH OF YOUR CHILDREN

Special Needs: On the back of this form, please list any health or learning/education concerns St. Boniface should be aware of (inc. chronic health problems, allergies, medications they might need during class time).

1st Child

Name:	M/F	Birthdate	School Name
Session Day and Time (Options are only available for Pre-K thru 7 th grade):			Grade in (2011/12)
Sacramental History (Please check those that your child has received.) <input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation			

2nd Child

Name:	M/F	Birthdate	School Name
Session Day and Time (Options are only available for Pre-K thru 7 th grade):			Grade in (2011/12)
Sacramental History (Please check those that your child has received.) <input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation			

3rd Child

Name:	M/F	Birthdate	School Name
Session Day and Time (Options are only available for Pre-K thru 7 th grade):			Grade in (2011/12)
Sacramental History (Please check those that your child has received.) <input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation			

4th Child

Name:	M/F	Birthdate	School Name
Session Day and Time (Options are only available for Pre-K thru 7 th grade):			Grade in (2011/12)
Sacramental History (Please check those that your child has received.) <input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation			

(over, please)

5th Child

Name:	M/F	Birthdate	School Name
Session Day and Time (Options are only available for Pre-K thru 7 th grade):			Grade in (2011/12)
Sacramental History (Please check those that your child has received.) <input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation			

6th Child

Name:	M/F	Birthdate	School Name
Session Day and Time (Options are only available for Pre-K thru 7 th grade):			Grade in (2011/12)
Sacramental History (Please check those that your child has received.) <input type="checkbox"/> Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation			

Special Needs

Child's Name: _____

My son/daughter has the following health concerns you should be aware of (include chronic health problems, allergies, medication they might need to take during class time):

My son/daughter has the following special needs in regard to their learning/education: