

**SHRINE OF ST JUDE
FAITH FORMATION
REGISTRATION 2018-2019**



Registration Fee: ENGLISH
 One child: \$110 (Before Aug. 15, \$85, \$150, \$200)
 Two children: \$170 \$20 a month, please []
 Three or more children: \$220 PAID _____
 Tuition Assistance Requested _____

Office: 301-949-2336; FAX: 301-946-4527; email: faithformation@stjuderockville.org

Family Name: _____ **Date of Registration:** _____
 (Or last name of oldest child)

Parent/Guardian/Adult responsible for Faith Formation: _____

Address _____ City _____ State _____ Zip Code _____

We are registered members of: ___St Jude ___Other parish: _____

Parent/Guardian/Adult: **Is this your first year with the program?** _____ **Yes** _____ **No** _____

Email: _____ **Whose:** _____

Father's Name _____ Primary Phone: _____ Secondary Phone _____

Mother's Name: _____ Primary Phone: _____ Secondary Phone: _____

Languages Spoken in the home: _____

			Check one			Check all needed			SCHOOL	
Full Name of Students Registering (First, Middle, Last)	Gender M or F	Grade in School 2018-2019	Date of Birth mm/dd/yy	Sun (K-8) 9 - 10:15 am	Mon (1-5) 5:15-6:30 pm	Mon (6-12) 7:15-8:30 pm	Needs Baptism	Needs 1st Communion	Needs Confirmation	Name of School Attending:
1. Full Name										
2. Full Name										
3. Full Name										
4. Full Name										
5. Full Name										
6. Full Name										

Additional Notes (learning disabilities, allergies, other things we should know about children):

OFFICE USE ONLY:
 Date of Registration _____ Tuition: _____ Paid: _____ Cash, PayPal, Ck# _____ Balance Due: _____
 ___Tuition Assistance Requested \$20 a month please: ___ At registration ___ Aug. ___ Sept. ___ Oct. ___ Nov. ___ Dec. ___ Jan. ___ Feb. ___ March
 Baptismal Certificate Copy: [] yes [] no

EMERGENCY RELEASE FORM 2017-2018

In the event that your child(ren) has (have) a serious accident, or an emergency arises and we are unable to contact you, PLEASE FILL OUT THE FOLLOWING release form that we may act for you without legal constraints. When returned, it will be placed in your family file

Child(ren) name(s): _____

In the event that the above child(ren) has (have) an accident or emergency requiring medical attention arises and St. Jude Faith Formation is unable to contact me, St. Jude Faith Formation has my permission to seek any medical help it deems necessary.

Signature of Parent or Guardian Date

Comments: _____

Family Physician's Name: _____ Phone # _____

Emergency Contact, other than parents:

Name Home Phone Cell Phone

IF WE HAVE TO CANCEL CLASS BECAUSE OF INCLEMENT WEATHER OR SOME OTHER EMERGENCY WHAT IS THE BEST WAS TO CONTACT YOU:

Email _____ Text # _____ Phone # _____

PHOTO RELEASE PERMISSION

As a parent or guardian of student on this form, I hereby consent to the use of photographs/ videotape taken during the school year 2017-2018, for publicity, promotional and/or educational purposes on the parish website, Facebook and breezeway monitor. I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

_____ Yes, I give consent for St. Jude to photograph my child for parish purposes and/or at parish events.

_____ No, I do not authorize St. Jude to photograph my child for any event.

Students' Names: _____

Parent Signature: _____ Date: _____

SACRAMENT INFORMATION OF NEW FAMILIES PLEASE ATTACH COPY OF CHIDREN'S BAPTISMAL CERTIFICATES

Full Name	Baptized Y or N	Church/location/date of Baptism	Recon- ciliation Y or N	Eucharist Y or N	Confir- mation Y or N	Married in Catholic Church
Father						
Mother						
Child						
Child						
Child						
Child						