



FAITH FORMATION FAMILY REGISTRATION

St. Elizabeth Ann Seton Faith Formation + 2035 Fifteenth Street West + Hastings, MN 55033

Telephone (651) 437-4254 + Fax (651) 438-2948

Please complete both sides of this form.

Family Name _____ Father's name _____ Mother's name _____

Address _____ City/State/Zip _____

Phone _____ Email Address _____

Emergency Numbers: Work _____ Cell _____

STUDENT INFORMATION	CHILD	CHILD	CHILD	CHILD
First Name				
Last Name (if different)				
Gender				
Birth Date				
Grade (Fall of 2009)				
School				
Health concerns, allergies, or learning concerns we need to be aware of:				
<p>The parent orientation session is on September 16, 2009 at 7pm. <u>Sunday classes begin on September 23rd</u> and <u>Wednesday classes begin September 27th</u>. Three class times for all grades will mean smaller class sizes. Spaces will be filled on a first come, first served basis, so please register early and indicate your first and second preferences. We will contact you if your first choice is unavailable.</p>				
2009-2010 PROGRAM REQUESTS	*Class fees: \$80 for one child; \$110 for two; three or more: \$140.			
Faith Formation Classes On-Site: (PreK-5) A. Wednesday from 4:00 – 5:15pm* B. Wednesday from 6:45 – 8:00pm* C. Sunday from 8:00 – 9:15am* Led by catechists in a classroom setting, children learn to share faith through discussions, activities, games and prayer. Periodic faith formation family celebrations are an integral part of the program. Please indicate first and second choices.	A (4-5:15pm)	A (4-5:15pm)	A (4-5:15pm)	A (4-5:15pm)
	B (6:45-8pm)	B (6:45-8pm)	B (6:45-8pm)	B (6:45-8pm)
	C (8-9:15am)	C (8-9:15am)	C (8-9:15am)	C (8-9:15am)
Faith Formation – Preschool or Home Taught Contact the Faith Formation office for more information.				
Grade 6-7-8 On Site A. Wednesday from 4:00 – 5:15pm B. Wednesday from 6:45 – 8:00pm C. Sunday from 8:00 – 9:15am Challenges young people to connect and apply what they learn to their daily lives. Doctrine, Scripture, Social Justice and Liturgical Year activities are woven throughout the year. Please indicate first and second choices.	A (4-5:15pm)	A (4-5:15pm)	A (4-5:15pm)	A (4-5:15pm)
	B (6:45-8pm)	B (6:45-8pm)	B (6:45-8pm)	B (6:45-8pm)
	C (8-9:15am)	C (8-9:15am)	C (8-9:15am)	C (8-9:15am)

Please check here _____ if you are interested in Adult Sacramental Preparation (RCIA). We will contact you.

VOLUNTEER OPPORTUNITIES

Serving one another is at the center of Jesus' teaching and ministry. As parents, we continually serve our children and others by teaching, sharing and modeling our faith values. Your active participation in service to the Faith Formation program will enrich the experiences we can offer to our children.
Please place an "X" where you can help.

Volunteer Name _____ **Student(s) and Grade(s)** _____

The five positions listed below are eligible for a \$50 discount on tuition. Discounts apply ONLY to those who are able to make a weekly commitment to service. Apply discount below.

_____ **Catechist/Co-Catechist, Grades PreK-8** Specify grade level _____
Sun (8-9:15am) _____ **Wed (4-5:15pm)** _____ **Wed(6:45-8pm)** _____ **Child in class? Y/N**

_____ **Classroom Assistant, Grades PreK-8** Specify grade level _____
Sun (8-9:15am) _____ **Wed (4-5:15pm)** _____ **Wed(6:45-8pm)** _____ **Child in class? Y/N**

_____ **Child Care Provider for Catechists' Children**
Sun (8-9:15am) _____ **Wed (4-5:15pm)** _____ **Wed(6:45-8pm)** _____

_____ **Music Leader for Classes and/or Masses**

_____ **Registration Table**

_____ **Substitute Catechist** (Specify grade level _____)

_____ **Hospitality/Refreshments**

_____ **Office Help and Prepare Material**

_____ **Other** *Please specify* _____

Tuition for Faith Formation only:

(The multiple child discount does not apply to sacraments)

One Child \$80

Two Children \$110

Three or more \$140

Subtotal \$ _____

Less \$50 discount - \$ _____

Total Amount Due \$ _____

Tuition Assistance is available. Contact Sarah in the
 Faith Formation Office at 651-437-4254 x245,
 or by email to sarah@seasparish.org

Payment Options:

() **Bill Me** () **Cash**

() **Check** *(made payable to St. Elizabeth Ann Seton)*

Check number _____

() **Visa or MasterCard** *(circle one)*

Card # _____

Name on Card: _____

Expiration Date: _____

Signature : _____