

FAITH FORMATION OFFICES

SAINT BLAISE PARISH
772 OHIO AVENUE
MIDLAND, PA 15059
724-643-4663 • sbreled@gmail.com

SAINT MONICA PARISH
116 THORNDALE DRIVE
BEAVER FALLS, PA 15010
724-846-7540 x17 • education@saintmonica.us

| |
|----------------------|
| FOR OFFICE USE |
| Date received: _____ |
| Fee received: _____ |

FAITH FORMATION REGISTRATION 2018-2019

This is a: New Registration—Please attach a copy of the child’s Baptism Certificate
 Returning Registration

PROGRAM INFORMATION – CHECK THE BOX OF THE PROGRAM YOU ARE REGISTERING FOR

Saint Blaise—Meets in the Lyceum & Regan Hall classrooms

| | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Age 3-Grade 1 | Catechesis of the Good Shepherd (CGS) Level I/II | Wednesdays from 6:00-7:30 PM |
| <input type="checkbox"/> Grades 2-5 | Religious Education (RE) | Wednesdays from 6:00-7:30 PM |
| <input type="checkbox"/> Grade 6 | Religious Education (RE) | Sundays from 11:00 AM-12:30 PM |
| <input type="checkbox"/> Grades 7-8 | Confirmation Preparation | Sundays from 11:00 AM-12:30 PM |

Saint Monica—Meets at Saint Monica Catholic Academy, 609 10th Street, Beaver Falls, PA 15010)

| | | |
|-------------------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> Grades 1-6 | Religious Education (RE) | Sundays from 8:30-10:00 AM |
|-------------------------------------|--------------------------|----------------------------|

Materials Fees (*No child will be denied Faith Formation because of an inability to pay.*)

Saint Blaise—\$15 per child (\$50 max per family): Make checks payable to St. Blaise CCD

Saint Monica—\$35 for 1 child, \$60 for 2 children, \$75 for 3 children (\$20 for each additional child after 3):
 Make checks payable to Saint Monica Parish

STUDENT INFORMATION

Student’s Name: _____ Date of Birth: _____

Student’s Address: _____

City, State, Zip: _____ Home Phone: _____

School Name: _____ School District: _____

Age/Grade for 2017-2018 (circle one): 3 yrs. 4 yrs. 5 yrs. K 1 2 3 4 5 6 7 8 9/Conf.

Special Needs (please include food allergies): _____

FAMILY INFORMATION

Father’s Name: _____

Mother’s Name: _____ Mother’s Maiden Name: _____

Parish Registration: Are you registered members of St. Blaise Parish? YES NO
 If NO, Name and City/State of Parish Where Registered: _____

Who is responsible for the ongoing faith formation of this child? Both Parents Mother Father Guardian

What email address should we send program information to? _____

Any family concerns we should be aware of (e.g. custody/legal issues)? _____

IN CASE OF EMERGENCY

1st Contact Name (Relationship): _____ Phone: _____

2nd Contact Name (Relationship): _____ Phone: _____

| SACRAMENTS | Received? | Date | Church | Address (City, State) |
|----------------|-----------|-------|--------|-----------------------|
| Baptism | YES NO | _____ | _____ | _____ |
| Reconciliation | YES NO | _____ | _____ | _____ |
| Eucharist | YES NO | _____ | _____ | _____ |
| Confirmation | YES NO | _____ | _____ | _____ |

Please return this form with the annual materials fee and copies of any other necessary documentation to the Faith Formation or Parish Offices. Thank you!