

ELEMENTARY FAITH FORMATION COORDINATOR—VIRGINIA SAMOSKY

SAINT BLAISE PARISH  
772 OHIO AVENUE  
MIDLAND, PA 15059  
724-643-1450 • faithformation@stblaiseeparish.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: \_\_\_\_\_

## ELEMENTARY (PRE-K—GRADE 6) FAITH FORMATION REGISTRATION 2020-2021

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**

**Sundays, 10:30-11:45 AM @ Saint Monica Catholic Academy** (609 10<sup>th</sup> Street, Beaver Falls, PA 15010)

- Age 3-Kindergarten    IN-PERSON    Catechesis of the Good Shepherd Level I (not available online)
- Grades 1-6    IN-PERSON    Religious Education
- Grades 1-6    ONLINE    Religious Education

**Wednesdays, 6:00-7:15 PM @ St. Blaise Parish** (772 Ohio Avenue, Midland, PA 15059)

- Age 3-Grade 1    IN-PERSON    Catechesis of the Good Shepherd Level I/II (not available online)
- Grades 2-6    IN-PERSON    Religious Education
- Grades 1-6    ONLINE    Religious Education

**Materials Fees**—\$35 for 1 child, \$60 for 2 children, \$75 for 3 children (\$20 for each additional child after 3)

**Registration for Saint Monica program location:** Make checks payable to Saint Monica Parish

**Registration for Saint Blaise program location:** Make checks payable to Saint Blaise Parish

*\*\*\*No child will be denied Faith Formation because of an inability to pay. Should this fee cause a financial hardship, please contact the Elementary Faith Formation Coordinator at the location where you are registering.\*\*\**

**STUDENT INFORMATION**

Student’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ School District: \_\_\_\_\_

Age/Grade for 2020-2021 (circle one):    3 yrs.    4 yrs.    5 yrs.    K    1    2    3    4    5    6

Special Needs (please include food allergies): \_\_\_\_\_

**FAMILY INFORMATION**

Father’s Name: \_\_\_\_\_

Mother’s Name: \_\_\_\_\_ Mother’s Maiden Name: \_\_\_\_\_

We are registered members of:  Saint Blaise Parish     Saint Monica Parish     Other Parish

If other, Parish Name: \_\_\_\_\_ City, State: \_\_\_\_\_

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**

1<sup>st</sup> Contact Name (Relationship): \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Contact Name (Relationship): \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Please return this form with the annual materials fee and a copy of your child’s Baptism certificate (if not previously provided) to the Parish Office where you are registering. Thank you!**