

**ST. BARBARA PARISH FORMATION PROGRAM
CATECHETICAL REGISTRATION FORM 2009-2010**

Registration Deadline Wednesday, August 19, 2009

Please read registration letter before filling out this form. All families with children planning to participate in the Catechetical Formation Program (*Grade Preschool through Grade 12*) should fill in the information below and on reverse side.

Family Information <i>(Please complete)</i>			
1. Family Name _____ <i>(Last Name)</i>	Husband _____ <i>(First Name)</i>	Wife _____ <i>(First Name)</i>	
2. Address _____ <i>(Street/Road /Box number)</i>	_____ <i>(City, State, Zip)</i>	Phone _____	
3. E-mail _____ <i>(Family contact e-mail – please print clearly)</i>	_____ Yes, we are registered members at St. Barbara <i>(Family must be registered at St. Barbara to attend formation programs.)</i>		

Student Information and registration – *(List all children Preschool through Grade 12 and the appropriate information for each child.)*

First & Middle Name <i>(Also include <u>last</u> name if different than family name)</i>	Please Note Registration Requirements for Preschool & Kindergarten: Preschool Age 4 by 9/1/09 Kindergarten Age 5 by 9/1/09	Gender M= Male F = Female	Grade (Preschool to 12)	Please register your child(ren) for the appropriate program Choose (1) one for each child							Please check appropriate box for sacrament(s) each child <u>has</u> received.				
				Preschool/Kindergarten 8:00 a.m.	Preschool/Kindergarten 10:30 a.m.	Elementary/ Upper Elementary Grade 1 to 5	Jr. High Youth Ministry (Gr. 6, 7 & 8)	High School Youth Ministry (Gr. 9-12)	Home Based (Grade 1 to 6)	Sacramental Prep (Grade 2) Catholic School Only	Baptism	Reconciliation	Eucharist	Confirmation	
<i>Example: Maria Elizabeth</i>		<i>F</i>	<i>4</i>			<i>X</i>						<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>

Youth Ministry E-mail Information – If you register youth for Junior/Senior High Youth Ministry, please complete the following. *(Please print clearly)*

Student Name _____	E-mail address _____
Student Name _____	E-mail address _____
Student Name _____	E-mail address _____

PLEASE CONTINUE ON REVERSE SIDE

Special Needs Information

If your child has a learning disability or a medical concern that we need to know about, please fill in the following information.

Child's Name _____

Grade _____

Special Needs Explanation _____

Catechetical Formation Program Support

Please complete the following that apply:

- 1. Registration for **Parish Based** programs Preschool thru Grade 12 is \$36.00 per child (\$85.00 limit per family). No. of Children registering _____
- 2. Registration for **Home Based** program Grade 1 through 12 is \$16.00 per child. No. of Children registering _____
Family guide (if needed) an additional \$20.00. _____ Family Guide Needed
- 3. Catholic School & Home Based Students registering for Sacramental Preparation Grade 2 only No of Children registering _____
Cost is \$15.00 per family.

Please make checks payable to St. Barbara Church Total Enclosed _____

If possible, please include payment when returning this form. **Please Note:** No child will be denied religious formation because the family is financially unable to contribute. **Please do not hold registration form due to inability to pay at the present time. Catechists may choose to be exempt.**

If payment is not enclosed, please explain: _____

VOLUNTEER ASSISTANCE – Please, Please... We Need Your Help!

Sharing your gift as a volunteer is a gift to God. Below is a list of areas where help is needed.

Preschool/Kindergarten (Sunday Morning) _____ Teacher _____ Substitute _____ 8:00 a.m. Mass _____ 10:30 a.m. Mass

Elementary Grade 1 & 2 and 3, 4 & 5 (Alternating Saturday mornings from 9:00 a.m. to 12:00 noon)

_____ Teacher/Study Leader _____ Substitute Grade Level Preference _____
_____ Help in office Saturday morning (during Formation)

Junior/Senior High Youth Ministry (Grade 6, 7 & 8 Tuesday evenings and Grade 9-12 Sunday evenings)

_____ Small Group Facilitator _____ Junior High _____ Senior High
_____ Chaperone for Service and/or Social events Market Day _____ Help on delivery day _____ Make phone calls

Children's Liturgy of the Word (take children downstairs for their own Liturgy of the Word at Sunday Mass 5:30 p.m. & 10:30 a.m.)

_____ Leader _____ Assistant Mass preference, please indicate _____

General Office Assistance (as needed) _____ Yes, I am available to help _____
(Days Available) (Times Available)

Name _____