

**St. Mary Help of Christians Faith Formation**  
 2017-2018 Family Registration **PLEASE fill out both sides**

**Family Name** \_\_\_\_\_ phone \_\_\_\_\_  
 Last Name Parent(s) First Name(s) cell # \_\_\_\_\_  
 Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent \_\_\_\_\_ phone \_\_\_\_\_  
 Last Name (if different) First Name cell # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Grades 1-10 \$45.00 per child (non-parishioners \$100.00 per child) Tuition**

**Child(ren) Grades 1-8**

Name \_\_\_\_\_ Male/Female DOB \_\_\_\_\_ Grade \_\_\_\_\_

This child was Baptized- No Yes Year \_\_\_\_\_ Has received: 1<sup>st</sup> Reconciliation No Yes  
 Place of Baptism \_\_\_\_\_ 1<sup>st</sup> Eucharist No Yes

Name \_\_\_\_\_ Male/Female DOB \_\_\_\_\_ Grade \_\_\_\_\_

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 Place of Baptism \_\_\_\_\_ 1<sup>st</sup> Eucharist No Yes

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Name \_\_\_\_\_ Male/Female DOB \_\_\_\_\_ Grade \_\_\_\_\_

This child was Baptized- No Yes Year \_\_\_\_\_ Has received: 1<sup>st</sup> Reconciliation No Yes  
 Place of Baptism \_\_\_\_\_ 1<sup>st</sup> Eucharist No Yes

**Confirmation 1<sup>st</sup> year- (grade 9)**

Name \_\_\_\_\_ Male/Female DOB \_\_\_\_\_ Grade \_\_\_\_\_

This child was Baptized- No Yes Year \_\_\_\_\_ Has received: 1<sup>st</sup> Reconciliation No Yes  
 Place of Baptism \_\_\_\_\_ 1<sup>st</sup> Eucharist No Yes

**Confirmation 2<sup>nd</sup> year (grade 10)**

- Name \_\_\_\_\_ Male/Female DOB \_\_\_\_\_ Grade \_\_\_\_\_

**(must have completed 1<sup>st</sup> year requirements)**

This child was Baptized- No Yes Year \_\_\_\_\_ Has received: 1<sup>st</sup> Reconciliation No Yes  
 Place of Baptism \_\_\_\_\_ 1<sup>st</sup> Eucharist No Yes

*Registering after August 31<sup>st</sup> .....Add \$10*

**Total amount Due.....**

**( Registration Forms can not be processed until payment is received )**

**\*Children were in the classroom last year\_\_\_\_\_ \*Children were not in the classroom last year\_\_\_\_\_**  
 (\*please fill out section on back)

(Continued on back-please fill out both sides)

**I/WE agree to support Faith Formation by participating in the following way:**

Serve as teacher     Serve as teacher's full time assistant     Assist with special events  
 Help with students' prayer memorization (gr. 1-6)     One to one tutoring  
 Other gifts or talents you wish to offer: \_\_\_\_\_

Are there any special needs/allergies that we should be aware of?     No     Yes(Please explain)

Child- \_\_\_\_\_  
\_\_\_\_\_

Child- \_\_\_\_\_  
\_\_\_\_\_

\*If your child was not in classes at SMHOC (school or Faith Formation) last year, please explain what program they were in

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tuition a problem? *Installments accepted, call the office for info 252-1799***

\*Tuition **FREE** for teachers & full time assistants (check here) \_\_\_\_\_ to be approved.  
\*There are only a few positions still available- please check with Jan Minke

~~~ Interested in SCRIP? See Jan Minke

**Make checks payable to: St. Mary Help of Christians Church**

Drop off at Parish Office or please Mail to: **St. Mary HOC Faith Formation**  
**Clearly marked "Faith Formation"**    **24588 County Road 7**  
**St. Augusta, MN 56301**

**\*Office use only-** amount paid \_\_\_\_\_ cash    check # \_\_\_\_\_

Teaching/Assisting grade \_\_\_\_\_