

# Saint Elizabeth Seton Parish – Summer 2019 EDGE Program: Grades 7 & 8

## ONE WEEK ONLY

**July 8, 2019 – July 12, 2019 Monday – Friday, 9:00 a.m. to 12:00 noon**

**Family Last Name (Print):** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**Father's Name/Guardian:** \_\_\_\_\_

**Father's Cell Phone:** \_\_\_\_\_

**Mother's First & Maiden Name:** \_\_\_\_\_

**Father's Work Phone:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Mother's Cell Phone:** \_\_\_\_\_

**Town/City:** \_\_\_\_\_

**Mother's Work Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

	Sex	Date of Birth	Grade Sept' 19	School Attending	1 <sup>st</sup> Penance Received Yes/No	1 <sup>st</sup> . Eucharist Received Yes/No

Notes: Tuition Fee: One child: \$60.00; Two children: \$100.00; Three or More: \$125.00.  
Volunteers that teach do not pay a Tuition Fee.

**I am interested in teaching grade:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**No student is ever denied Faith Formation because of financial burdens. Scholarships are available.**

Parents, your part in the Faith Formation of your children is teaching them their prayers and attending Mass regularly as a family.

**Please list any learning disabilities or medical concerns here.** \_\_\_\_\_

I agree to have my child/children transported via ambulance and/or treated for emergency medical or dental problems if an emergency arises. I accept full responsibility for all medical expenses incurred as a result of my child/ward's participation in this program.

**Signature:** \_\_\_\_\_

I understand that occasionally photographs of my child may be taken and used for publicity, newspaper articles &/or the Parish Website. If you do NOT want your child's photograph used please notify the Parish Catechetical leader in writing.

**FOR OFFICE USE ONLY**

**Date Received:** \_\_\_\_\_ **Check #:** \_\_\_\_\_ **Amount:** \_\_\_\_\_