

Pre-School-5th Grade Faith Formation Registration Form - 2018-2019

Please complete one form per family. We will be taking registrations through the end of August. You are welcome to drop off your completed registration form and check made payable to Corpus Christi at the church office. (Office hours M-F 8:30-4:30pm) or register and pay online at www.corpuschristibismarck.com. Please contact Tracy Kraft 255-4600 with any questions or concerns.

Fee Structure: 1 child- \$50.00, 2 children- \$75.00, 3 Children- \$95.00, Family Cap- \$110.00

FATHER's NAME _____ ADDRESS: _____

FATHER's EMAIL (Very Important Please Print) _____

FATHER's HOME PHONE _____ FATHER's CELL PHONE _____

MOTHER's NAME _____ ADDRESS: _____

MOTHER's EMAIL (Very Important Please Print) _____

MOTHER's HOME PHONE _____ MOTHER's CELL PHONE _____

OTHER EMERGENCY CONTACT DURING CLASS _____ PHONE _____

LIST ANY ALLERGIES, LEARNING NEEDS OR OTHER ACCOMMODATIONS THAT WE SHOULD BE AWARE OF:

Please note that our Wednesday Classes will be offered for an hour and a half every other week. We hope this will help accommodate all of our children while still allowing us adequate time to teach them all they need this year. As an added benefit, your family will have some free time every other week. ☺ You will receive an email letting you know which group your child is in and the date that your classes will begin.

Atrium Options for 2018-2019

Atrium Level I Sessions: (Pre-School-Ages 3-5, including Kindergarten)

Atrium Level II Sessions: (1st Grade, 2nd Grade: First Reconciliation/Eucharist, & 3rd Grade)

Atrium Level III Sessions: (4th Grade & 5th Grade)

*Please add appropriate Atrium Level below for **each** child!!!*

Child's Name: _____ Birthdate: _____ Age: _____ Grade: _____ Atrium Level: _____ School: _____ Gender _____

Sacraments Received (Check all that apply): Baptism First Reconciliation First Eucharist

Child's Name: _____ Birthdate: _____ Age: _____ Grade: _____ Atrium Level: _____ School: _____ Gender _____

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Child's Name: _____ Birthdate: _____ Age: _____ Grade: _____ Atrium Level: _____ School: _____ Gender _____

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Child's Name: _____ Birthdate: _____ Age: _____ Grade: _____ Atrium Level: _____ School: _____ Gender _____

Sacraments Received (Check all that apply): Baptism First Reconciliation First Eucharist

Please choose a class time for your child/children: Indicate session preference with a #1 or #2!

_____ Sunday 8:30-9:30am _____ Sunday 9:40-10:40am _____ Wednesday 3:30-5:00pm _____ Wednesday 6-7:30pm

*****Each faith formation family is asked to volunteer in some capacity. If everyone chooses one activity, the time commitment each year could be very small. Make your choice on the back side of this form.***

Unless you notify the parish in writing, the Church of Corpus Christi assumes permission to use your child's photo (without name identification) for print/electronic communications at the parish. Your written statement should be returned to the parish office. Please call with questions or concerns at 255-4600.

