

Family Last Name _____
 Address _____
 City, Zip _____
 Preferred phone # _____
 **Email _____

St. Charles Borromeo Youth Formation REGISTRATION



2019 - 2020

for office use only
 Date Completed _____
 Amount Due _____
 Reduction _____
 Amount Paid _____
 Cash _____
 Check # _____
 Scholarship _____

YES or NO Registered parishioner at St. Charles

Mother/Guardian: Religion: Preferred Phone: Secondary Phone:

Father/Guardian: Religion: Preferred Phone: Secondary Phone:

Child(ren) live with: **Both Parents** **Mother** **Father** **Guardian** **Grandparent**

In case of separation, divorce, or annulment who has custody of children? Are there arrangements we need to be aware of: **Yes** **No**

Please Explain if YES _____

EMERGENCY CONTACT INFORMATION: Name: Doctor's Name:

Emergency Phone: Relationship: Doctor's Phone:

Insurance Provider: Policy # Doctor's Office:

TRANSPORTATION (please circle all that apply)

Parent will pick up child(ren) **Child(ren) may be picked up by:** _____ **Carpooling with:** _____

Child 1

Full Legal Name (FIRST / MIDDLE / LAST) **Preferred Name:** **Grade Entering in Fall (2019):** _____
School: _____

Sex	Birth Date	Baptismal Year	Parish	City	State	First Reconciliation Complete	First Communion Complete
M F	/ /					Yes or No	Yes or No

Attended Youth Formation last year No Yes: Church attended: _____

Health Allergies/Other Pertinent Information _____

Enrolling For: (Circle one)

ESR Family Formation
6:30-8pm (Gr. 1-6)

Wednesday Night Confirmation
6:30-8pm (Gr. 7-8)

School Confirmation
(Gr. 8)

HS Youth Group
(Grades 9-12)

Wednesday Night Family Formation for children not in St. Charles School. *Fees apply-see below**

Wednesday Night Confirmation Prep for children not in St. Charles School. *Fees apply**

St. Charles School Students please just fill out this form *Fees don't apply**

St. Charles HS youth group on Sunday or Wednesday *Fees don't apply**

Child 2

Full Legal Name (FIRST / MIDDLE / LAST) **Preferred Name:** **Grade Entering in Fall (2019):** _____
School: _____

Sex	Birth Date	Baptismal Year	Parish	City	State	First Reconciliation Complete	First Communion Complete
M F	/ /					Yes or No	Yes or No

Attended Youth Formation last year No Yes: Church attended: _____

Health Allergies/Other Pertinent Information _____

Enrolling For: (Circle one)

ESR Family Formation
6:30-8pm (Gr. 1-6)

Wednesday Night Confirmation
6:30-8pm (Gr. 7-8)

School Confirmation
(Gr. 8)

HS Youth Group
(Grades 9-12)

Wednesday Night Family Formation for children not in St. Charles School. *Fees apply-see below**

Wednesday Night Confirmation Prep for children not in St. Charles School. *Fees apply**

St. Charles School Students please just fill out this form *Fees don't apply**

St. Charles HS youth group on Sunday or Wednesday *Fees don't apply**

Child 3

Full Legal Name (FIRST / MIDDLE / LAST)				Preferred Name:			Grade Entering in Fall (2019): _____	
School: _____								
Sex	Birth Date	Baptismal Year	Parish	City	State	First Reconciliation Complete	First Communion Complete	
M F	/ /					Yes or No	Yes or No	
Attended Youth Formation last year No Yes: Church attended: _____ Health Allergies/Other Pertinent Information _____								
Enrolling For: (Circle one)								
ESR Family Formation 6:30–8pm (Gr. 1-6)		Wednesday Night Confirmation 6:30–8pm (Gr. 7-8)		School Confirmation (Gr. 8)		HS Youth Group (Grades 9-12)		
Wednesday Night Family Formation for children not in St. Charles School. ***Fees apply-see below		Wednesday Night Confirmation Prep for children not in St. Charles School. ***Fees apply		St. Charles School Students please just fill out this form ***Fees don't apply		St. Charles HS youth group on Sunday or Wednesday ***Fees don't apply		

Child 4

Full Legal Name (FIRST / MIDDLE / LAST)				Preferred Name:			Grade Entering in Fall (2019): _____	
School: _____								
Sex	Birth Date	Baptismal Year	Parish	City	State	First Reconciliation Complete	First Communion Complete	
M F	/ /					Yes or No	Yes or No	
Attended Youth Formation last year No Yes: Church attended: _____ Health Allergies/Other Pertinent Information _____								
Enrolling For: (Circle one)								
ESR Family Formation 6:30–8pm (Gr. 1-6)		Wednesday Night Confirmation 6:30–8pm (Gr. 7-8)		School Confirmation (Gr. 8)		HS Youth Group (Grades 9-12)		
Wednesday Night Family Formation for children not in St. Charles School. ***Fees apply-see below		Wednesday Night Confirmation Prep for children not in St. Charles School. ***Fees apply		St. Charles School Students please just fill out this form ***Fees don't apply		St. Charles HS youth group on Sunday or Wednesday ***Fees don't apply		

RATES OF TUITION

Family Formation (1-6th Grade)

1 child (parishioners) \$65 Family Max = \$150
 Non-parishioners \$100 per child (No Family Max)

1st Reconciliation/Communion = Additional \$25 (Not applied to Family Max)

Confirmation (not part of the School)

1 child (parishioners) \$90.00
 Non-parishioners \$130 per child

Fee helps cover the resources, retreats, large events and leader formation

PAYMENT PLANS

∞ Please remit payment/checks to **St. Charles Borromeo**
 2739 NE Stinson Pkwy, St Anthony, MN 55418
 (attn: Gayle)

∞ Please return payment with registration.

CONTACT INFO and SCHOLARSHIP

∞ Gr. 1-6 Jacob 612-781-6529 jnelson@stchb.org
 ∞ Gr. 7-8 Andrew 715-495-7715 awagenbach@stchb.org

∞ Scholarships are available...
 Please write *Full Scholarship OR *Partial Scholarship

PARENTAL CONSENT: I give permission to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the St. Peter and the Archdiocese of Saint Paul and Minneapolis from any claims or law suits brought against the St. Charles /Archdiocese of Saint Paul and Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit. In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. Should photos or video be taken, I give my permission for the use of the image and/or likeness of my child in any promotional or other marketing activities relating to the event/activity or our parish Faith Formation without compensation to me or my child.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

Parent / Guardian Signature



Date