

7th Grade
Middle School Registration 2019-2020
@ St. Benedict the Abbot (O'Brien Hall)

DEADLINE FOR REGISTRATION IS AUGUST 18, 2019

(PRINT PLEASE)

Child's Full Name: _____ Grade: _____ School: _____

Father's Name: _____ Cell Phone: _____

Mother's Name: _____ Cell Phone: _____

Family Email: _____ Home Phone: _____

Home Address: _____

Parish of Registration: St. Isaac St. Francis St. Benedict

Seventh Grade Sessions
Sundays 8:30 AM-10 AM

- **September 5** Parent Informational Meeting 6:00—7:00 pm in O'Brien Hall
- **September 17** Middle School Kick-off Event (**Mandatory**) 6—7:30 PM in Pope Benedict Activity Center
- **Session Schedule:**

September 29	December 15	March 8, 22
October 13, 27	January 12,	April 5, 26
November 10, 24	February 2, 16	

Will need to homeschool during schedule conflict from _____
to _____ Check here if choosing the homeschool option for the entire year.

Registration fee: \$30 per Child

Fee is payable via Cash, Check, or On-Line Giving
(Make checks payable to **St. Benedict the Abbot Parish.**)

Financial difficulties? Contact Fr. Bob or Beth Jesserer.

If you are a newly registered parishioner, or if this is your child's first year in Faith Formation , a Baptismal Certificate MUST be submitted upon registration.

I can volunteer as a: _____ Catechist _____ Chaperone

—————→
Continue with Medical Information

Special Needs and Medical Concerns/Information

All persons baptized into the Catholic faith have a right to receive proper religious formation. Traditionally, St. Benedict the Abbot Parish mainstreams children with special needs into Faith Formation classes. To help facilitate the formation process, and to assist our volunteers, please provide the Faith Formation Staff with more specific information regarding your child's special needs. Thank you for your cooperation as we journey in faith with your family.

1. Please list medical conditions (i.e., ADD, ADHD, OCD, ODD, Autism, seizures, impairments, etc.) that your child may have:

2. Please list any serious allergies or medical issues that your child has:

3. Other relevant information we should know about your child for classroom purposes:

4. Does your child need to bring medication?

The above information may be shared with my child's catechist on a need to know basis providing that confidentiality is maintained.

Parent/Guardian: _____ Date: _____

Office Use Only:

\$ _____ Amount Date Received: _____ Check #: _____ Cash: _____ On-line Giving: _____ PDS: _____