

**8th 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

**Eighth 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:**

October 6, 20	January 5, 19	March 15, 29
November 3, 17	February 7, 23	April 19
December 8		
- **April 22, 2020** Parent/Candidate Confirmation Meeting (**MANDATORY**)

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

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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:

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

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

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4. Does your child need to bring medication?

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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: \_\_\_\_\_