

Kindergarten—6th Grade @ St. Benedict
Traditional Classroom or Homeschool

DEADLINE FOR REGISTRATION IS AUGUST 18, 2019

(PLEASE PRINT:)

Father's name: _____ Mother's name: _____

Father's Cell: _____ Mother's Cell: _____

Home Phone: _____ Parent Email Address: _____

Mailing Address: _____

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

<p>Child's name: _____</p> <p>_____ Male _____ Female (<i>please check</i>)</p> <p>Grade in September 2019: _____</p> <p>School Attending: _____</p> <p>Session Choice (<i>please check one</i>)</p> <p>_____ Saturday 9:00am—10:30 am (St. Francis)</p> <p>_____ Sunday 8:40 am—9:50 am (St. Benedict)</p> <p>_____ Sunday 11:10 am—12:20 pm (St. Benedict)</p> <p>_____ Tuesday 6:00 pm—7:15 pm (St. Benedict)</p> <p>_____ Homeschool (not available for 1st/2nd grades)</p>	<p>Child's name: _____</p> <p>_____ Male _____ Female (<i>please check</i>)</p> <p>Grade in September 2019: _____</p> <p>School Attending: _____</p> <p>Session Choice (<i>please check one</i>)</p> <p>_____ Saturday 9:00am—10:30 am (St. Francis)</p> <p>_____ Sunday 8:40 am—9:50 am (St. Benedict)</p> <p>_____ Sunday 11:10 am—12:20 pm (St. Benedict)</p> <p>_____ Tuesday 6:00 pm—7:15 pm (St. Benedict)</p> <p>_____ Homeschool (not available for 1st/2nd grades)</p>
---	---

<p>Child's name: _____</p> <p>_____ Male _____ Female (<i>please check</i>)</p> <p>Grade in September 2019: _____</p> <p>School Attending: _____</p> <p>Session Choice (<i>please check one</i>)</p> <p>_____ Saturday 9:00am—10:30 am (St. Francis)</p> <p>_____ Sunday 8:40 am—9:50 am (St. Benedict)</p> <p>_____ Sunday 11:10 am—12:20 pm (St. Benedict)</p> <p>_____ Tuesday 6:00 pm—7:15 pm (St. Benedict)</p> <p>_____ Homeschool (not available for 1st/2nd grades)</p>	<p>Child's name: _____</p> <p>_____ Male _____ Female (<i>please check</i>)</p> <p>Grade in September 2019: _____</p> <p>School Attending: _____</p> <p>Session Choice (<i>please check one</i>)</p> <p>_____ Saturday 9:00am—10:30 am (St. Francis)</p> <p>_____ Sunday 8:40 am—9:50 am (St. Benedict)</p> <p>_____ Sunday 11:10 am—12:20 pm (St. Benedict)</p> <p>_____ Tuesday 6:00 pm—7:15 pm (St. Benedict)</p> <p>_____ Homeschool (not available for 1st/2nd grades)</p>
---	---

Registration Fee Scale for Traditional Classroom or Homeschool Models:
 1 child = \$50.00 2 children = \$90.00 3 or more children = \$135.00 Non-Parishioner = \$100/child

Fee is payable via Cash, Check, or On-Line Giving
 Please 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 ___ Classroom Helper ___ Substitute Catechist

Continue with Medical Information

Medical Information (by child)

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.

<p>Child's name: _____</p> <p>List medical conditions (i.e., ADD, ADHD, OCD, Autism, seizures, impairments, etc.)</p> _____ _____	<p>Child's name: _____</p> <p>List medical conditions (i.e., ADD, ADHD, OCD, Autism, seizures, impairments, etc.)</p> _____ _____
<p>List allergies or medical issues:</p> _____ _____	<p>List allergies or medical issues:</p> _____ _____
<p>List any medication(s) needed to bring with them:</p> _____ _____	<p>List any medication(s) needed to bring with them:</p> _____ _____

<p>Child's name: _____</p> <p>List medical conditions (i.e., ADD, ADHD, OCD, Autism, seizures, impairments, etc.)</p> _____ _____	<p>Child's name: _____</p> <p>List medical conditions (i.e., ADD, ADHD, OCD, Autism, seizures, impairments, etc.)</p> _____ _____
<p>List allergies or medical issues:</p> _____ _____	<p>List allergies or medical issues:</p> _____ _____
<p>List any medication(s) needed to bring with them:</p> _____ _____	<p>List any medication(s) needed to bring with them:</p> _____ _____

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:

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