

Faith Formation Class Sessions:

Please write session code below next to each child's name.	EFF: Pre K – 5th	Jr. High: 6th-8th	Sr. High: 9th-12th	Confirmation: 10th	Sacraments
	A - Sunday (9:10 – 10:20 am) B - Tuesday (6 – 7:30 pm)	C - Tuesday (6 – 7:30 pm)	D - Wednesday (6 – 8 pm)	E - Tuesday (6 – 7:30 pm)	
					First Reconciliation/First Eucharist: <i>Participation in 1st and 2nd grade elementary faith formation is a pre-requisite to receiving these Sacraments. Contact: Jenny Kenner at Jennystpius@roadrunner.com</i>
					Confirmation: <i>Confirmation is for youth entering 10th grade. Classes are held from September through April. Contact: Emily Brown at stpiousyouth@roadrunner.com</i>
					RCIA for Children: <i>Contact: Deacon Eric or Charlotte Shaber at shaber123@msn.com</i>

Child/Youth Information:

Please List Class Session Code:	First Name	Last Name	M/F	Birth Date M/D/Y	Grade Fall, 2018	Check sacraments ALREADY RECEIVED				Check Sacraments RECEIVING THIS YEAR				Check the appropriate box and list details next to child's name on the lines below.			
						Baptism (Catholic)	Reconciliation	Eucharist	Confirmation	Baptism	Reconciliation	Eucharist	Confirmation	Medical Condition?	Need Meds? (EpiPen, inhaler, etc.)	Allergies?	Special Needs?
	<i>(List additional children on another sheet of paper.)</i>																

Information for Medical Conditions, Needed Meds, Allergies or Special Needs

Child:

Child:

Child:

Registration Fees/Payment Information

Total # of children registering: PreK/K _____ + Elementary _____ + Jr. High _____ + Sr. High _____ = _____ TOTAL # OF STUDENTS
 FEES: Registration Fee (\$25/child or youth with family cap of \$100): \$25 x _____ Number of Children = \$ _____ = \$ _____ TOTAL AMOUNT
 Would you like to donate toward registration fee scholarship for a child in need? If so, amount enclosed toward scholarship: \$ _____ TOTAL FEES = \$ _____ TOTAL ENCLOSED
 Payment (Enter Amount & Type of Payment): Cash \$ _____ Check (made out to St. Pius X) \$ _____ Credit Card: MC VISA Discover AMEX (Please circle card type and use table below.)

Credit Card Info	Card#	Exp Date	Amount \$
Credit Card Billing Address:		City	State Zip
Name on card (Please Print):			
Signature:			

OFFICE USE Date Rec'd _____
Amount Rec'd \$ _____
CK# _____ CA CC Initial _____
Payment Schedule Yes No