



# St. Jane Frances de Chantal

## Faith Formation Registration 2018-2019

38750 Ryan Road, Sterling Heights, MI 48310  
586-977-8080

### SESSIONS OFFERED

**K-6 - Thursday 5:30 - 7:00pm**

**7&8 - Tuesday 6:00 - 8:00pm**

\*\*\***NEW FAMILY FORM**\*\*\*

### FAMILY INFORMATION

**Family Last Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Mother's Maiden: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_

Home Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

City, Zip Code \_\_\_\_\_ Both Parents Catholic?  Yes  No

Marital Status of \_\_\_\_\_ Step-parent's name \_\_\_\_\_

Parents \_\_\_\_\_ If applicable \_\_\_\_\_

If Remarried, \_\_\_\_\_

remarried name \_\_\_\_\_

### 1<sup>st</sup> STUDENT'S INFORMATION

**Child's Name** \_\_\_\_\_ **Roman Catholic?**  Yes  No -

Gender: \_\_\_\_\_ **Sacrament Details** Date Location

Birth Date: \_\_\_\_\_  Baptism: \_\_\_\_\_

FF Grade in 2017/18: \_\_\_\_\_  Eucharist: \_\_\_\_\_

FF Session: \_\_\_\_\_  Reconciliation Preparation Completed

School: \_\_\_\_\_  Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc): \_\_\_\_\_

### 2<sup>nd</sup> STUDENT'S INFORMATION

**Child's Name** \_\_\_\_\_ **Roman Catholic?**  Yes  No -

Gender: \_\_\_\_\_ **Sacrament Details** Date Location

Birth Date: \_\_\_\_\_  Baptism: \_\_\_\_\_

FF Grade in 2017/18: \_\_\_\_\_  Eucharist: \_\_\_\_\_

FF Session: \_\_\_\_\_  Reconciliation Preparation Completed

School: \_\_\_\_\_  Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc): \_\_\_\_\_

### 3<sup>rd</sup> STUDENT'S INFORMATION

**Child's Name** \_\_\_\_\_ **Roman Catholic?**  Yes  No -

Gender: \_\_\_\_\_ **Sacrament Details** Date Location

Birth Date: \_\_\_\_\_  Baptism: \_\_\_\_\_

FF Grade in 2017/18: \_\_\_\_\_  Eucharist: \_\_\_\_\_

FF Session: \_\_\_\_\_  Reconciliation Preparation Completed

School: \_\_\_\_\_  Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc): \_\_\_\_\_



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### 4<sup>th</sup> STUDENT'S INFORMATION

**Child's Name** \_\_\_\_\_

Gender: \_\_\_\_\_

Birth Date: \_\_\_\_\_

FF Grade in 2017/18: \_\_\_\_\_

FF Session: \_\_\_\_\_

School: \_\_\_\_\_

**Roman Catholic?**  Yes  No - \_\_\_\_\_

**Sacrament Details**      Date      Location

Baptism: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Reconciliation Preparation Completed

Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):

If your family was not registered in St. Jane Frances' program last year, where were they enrolled

**NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.**

The information filled in on this form, will be compared with what we currently have on our computer system. We will double check the information; have you sign an individual student record and (upon request) print you a copy for your records

### **TUITION RATES 2018/19**

First Child: \$100.00

Each Add'l Child: \$50.00

Tuition is needed at the time of registration.

If payment in full will put a financial strain on you, please make an appointment with the Director of Faith Formation (DFF) to set up a payment plan.

If you require tuition assistance, please speak with the DFF.

Please mail-in or drop off the completed document to the parish office with payment.

Questions ? You can:

e-mail us at [FaithFormation@sjfparish.org](mailto:FaithFormation@sjfparish.org)

**OR** call us in the office at **(586) 977-8080**

### Office Use Only

Amount Due \$ \_\_\_\_\_ Total Paid \$ \_\_\_\_\_

Date: \_\_\_\_\_ Check# \_\_\_\_\_ or  Cash

Balance Due: \$ \_\_\_\_\_

Baptismal Record on File:  Yes  No

Database Verified and Changes Entered  Yes  No