

Saint Timothy Religious Education Faith Formation Registration Form 2017-2018 Registration

Grades 9-10

*Only registrations filled out entirely will be considered.
Please fill out a separate sheet for each child in your family.
Payment is due at the time of registration. Please make checks payable to: The Church of St. Timothy.
On the memo line please write: Faith Formation Gr. 9 & 10.*

Child's Last Name: _____ Child's First Name: _____

Child's Birth Date: _____ Grade in Fall: _____ School: _____

Male / Female (Circle One) Special Needs: Y / N (Circle One) Place of Birth: _____

Church of Baptism: _____ Date of Baptism: _____
(Please include City and State)

Church of First Communion: _____ Date of First Communion: _____
(Please include City and State)

Siblings/Grade in Program: _____
******Please provide a copy of Baptismal and/or 1st Communion Certificate if this is your first year registering******

Father: _____ Cell Phone: _____

Religion: _____ Marital Status: _____

Mother: _____ Cell Phone: _____
(Include Maiden name)

Religion: _____ Marital Status: _____

Address: _____ Zip: _____

Home Phone: _____ Email: _____

Emergency Contact Person/Relationship: _____ Phone: _____

List person(s) authorized to drop off and/or pick up your child/children other than parents _____

Classes at St. Timothy Middle School:

Grades 9-10th

Sundays, as scheduled, 9:30am-10:30am

REGISTRATION FEES:

- \$50 PER CHILD
- \$85 for 2 CHILDREN
- \$125 FAMILY RATE FOR 3 OR MORE CHILDREN
- CONFIRMATION YEAR (GRADE 10) \$80
(Note: This fee includes your robe but not the Retreat fee.)

For Office Use Only		
Date Received:	Check #	Cash
Registration Fee:		
Late Fee:		
Total Paid:		
Balance Due:		

*\$10 per child late fee for any registrations received **after the August 1, 2017 deadline.***

CONTINUED ON NEXT PAGE – NOTE: BOTH PAGES MUST BE FILLED OUT COMPLETELY

LIST PROTECTIVE ORDERS

PLEASE COMPLETE ALL SECTIONS

ALLERGY/MEDICAL EMERGENCY PERMISSION

List any allergies/medical issues or special needs accommodations:

Child uses an EPI-PEN (Circle one): Y / N Child carries the EPI-PEN on them (Circle One): Y / N

Please be advised that our CCD teachers are volunteers and are not able to administer EPI-PENS or any other medications.

I give permission for my child's teacher to call 911 for emergency treatment while attending CCD if I cannot be contacted.

Parent Signature: _____ Date: _____

MEDIA PERMISSION

There may be an occasion where photographs/videos are taken of the children, classes and activities during the CCD program. This media may be submitted to local newspapers, other media outlets for publication or posted in the church facility, CCD brochure, church bulletin or church website. Please indicate your preference below by signing one of the statements.

I give permission to have pictures/videos taken of my child/children.
_____ Date _____

I do not give permission to have pictures/videos taken of my child/children.
_____ Date _____

CHILD LURES PROGRAM PERMISSION FOR GRADES 1-10

The "Child Lures Prevention Program, Think First & Stay Safe" (also known as "LURES"), has been implemented as the personal safety training for children in the Archdiocese of Hartford since 2005. Every year we are required to present this program to all students attending the Religious Formation Program (also known as "CCD"). Please indicate your preference below by signing one of the statements.

I give permission for my child/children to attend The Child Lures Program.
_____ Date _____

I wish to opt out of the Child Lures Program for my child/children.
_____ Date _____

Please mail Registration Form and payment to: The Church of St. Timothy – Rectory Office
1116 North Main Street
West Hartford, CT 06117
ATTN: Diane Whittemore, Coordinator of Religious Education