

Saint Timothy Faith Formation Registration for 2019-2020 Grades 9-10

Please fill out a separate sheet for each child in your family.

Payment by check only is due at the time of registration. Payable to: The Church of St. Timothy

***NOTE: Family must be registered with St. Timothy Parish
If family is not registered, a \$100.00 fee is required***

Child's Name: _____
Last First Middle Initial

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

Place of Birth: _____ M / F (Circle One) Special Needs: Y / N (Circle One)

Date of Baptism: _____ Church of Baptism: _____
Parish City and State

Date of First Communion: _____ Church of First Communion: _____
Parish

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:

➤ **Registration Fee:**

- \$65 per Year 1 student, 2-year workbook included
- \$95 per Year 2 Student, and Confirmation robe included

- Payment is due at the time of registration; please make checks payable to: The Church of St. Timothy.
- On the memo line of the check please write: Faith Formation and insert your child's grade.

➤ If financial assistance is needed, contact Paul Travers @ paul-travers@sbcglobal.net

➤ **Registration deadline is August 15, 2019 - Mail Registration Form and payment to:**

The Church of St. Timothy - Rectory Office, 1116 North Main Street, West Hartford, CT 06117

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

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 _____