

Saint Timothy Faith Formation Registration for 2019-2020

Grades Pre-K through Grade 8 only

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 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 _____

Please Circle the class time you would like the student be enrolled in.

Classes at St. Timothy Middle School:

Grades Pre-K, K, and 1st Grade
Sundays, 10:30 am-11:30 am

Grades 2nd and 3rd
Sundays, 9:30 am -10:30

Grades 2nd through 5th
Mondays, 3:45 pm-4:45 pm

Grades 6th through 8th
Sundays, 9:30 am -10:30 am

REGISTRATION FEE: \$50 per student (Financial assistance is available)
If you have any questions, please contact Stephanie Barnes at:
stephaniebarnesdre@gmail.com or 860-521-3006

LIST PROTECTIVE ORDERS

PLEASE COMPLETE REVERSE SIDE

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 _____

Completed form, with payment, due by August 1, 2019

Mail to: The Church of St. Timothy – Rectory Office

Faith Formation Registration

1116 North Main Street

West Hartford, CT 06117