Faith Formation Registration for 2023/2024

St. Elizabeth, St. Joseph, and Sts. Peter and Paul

| Family Name | | Parent Name | (s) | | | | |
|--|-----------|---------------------|-----------------|---|----------|----------------------------|------------------|
| We are <u>registered</u> members of: | SE | SJ | SSPP | Other | | | |
| Address | | | | Telephone N | umber | | |
| Email Address (Information is com | municate | ed via email throug | shout the year) | | | | |
| | | | | Check all sacraments your child has received | | | |
| Student Name | M/F | Date of Birth | Grade | | Baptism | Reconciliation | Eucharist |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Submit this form along w | ith payme | ent to: | Regi | stration Fee: | Grades I | K-11 : \$100/family | |
| SS. Peter & Paul Church | | | | DI - | | ala ad a san alaba ta | CC Data and Date |
| ATTN: Religious Education Registration PO Box 86 | | | | Please make checks payable to: SS Peter and Paul *Those volunteering as catechists do not pay a registration fe | | | |
| Gilman, MN 56333 | | | | | | 0 | |
| For Office Use Only: Date Pai | id | Amount | Paid | Cash | C | heck Number | |

Please turn in your registration form to the parish office or to rhondastay@gmail.com by **September 1**st and keep watch for the 2023/2024 Faith Formation announcements.

*If your family is <u>not</u> registered in one of our three parishes, please contact Jan in the parish office.

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Please list your child's name with any allergies or medical concerns that pertain:

| Name of Child | Allergies or medical concerns | | | | |
|--|--|---------------|--|--|--|
| | | | | | |
| Emergency: | | | | | |
| If you cannot be reached, please provide the | ne name and phone number of someone we can call in case of an emerge | ency: | | | |
| Name | Phone # | | | | |
| Relationship | | | | | |
| Health Authorization: In case of serious in or their appointed representative to call an an | jury and I/we cannot be contacted, I/we hereby authorize the Director of Fainbulance. | th Formation | | | |
| Signature | Date | | | | |
| | | | | | |
| taken during the course of the school year for | ent or guardian of this student(s), I hereby consent to the use of photographs, publicity, promotional and/or educational purposes (including the parish wo, I do not give consent. Parent signature: | ebsite and/or | | | |
| Student(s) names: | | | | | |

Eighty-five percent of young Catholics stop practicing their faith within ten years of their Confirmation. Religious education that is rooted in family and home life is proven to have the best results.