

**PARISH OF THE ASSUMPTION YOUTH FAITH FORMATION
PROGRAM REGISTRATION 2017-2018**

FOR OFFICE USE ONLY:		Date Received	Check Number	Amount Due	Amt Rec'd	Volunteer
-----------------------------	--	---------------	--------------	------------	-----------	-----------

PRIMARY CONTACT

Home Phone	Last Name	First Name	Street	City	State	Zip
Email Address	Father's Name	Cell Phone	Mother's Name	Cell Phone	Emergency Contact	Home Phone

STUDENT INFORMATION

Grades K-5

KEY: C: Classroom Model 10:05 Session CC: Classroom Model 8:05 Session F: Family Model B: Bridges to Faith O: Grade 4 and older.(Eucharist and Reconciliation)

Last Name	First Name	Gender	Date Of Birth	Sacraments Received	Rel. Ed. Grade	Faith Formation Program Model	Sacrament Preparation
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist		<input type="checkbox"/> C <input type="checkbox"/> CC <input type="checkbox"/> F <input type="checkbox"/> B	<input type="checkbox"/> C <input type="checkbox"/> CC <input type="checkbox"/> F <input type="checkbox"/> O
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist		<input type="checkbox"/> C <input type="checkbox"/> CC <input type="checkbox"/> B <input type="checkbox"/> F	<input type="checkbox"/> C <input type="checkbox"/> CC <input type="checkbox"/> F <input type="checkbox"/> O
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist		<input type="checkbox"/> C <input type="checkbox"/> CC <input type="checkbox"/> B <input type="checkbox"/> F	<input type="checkbox"/> C <input type="checkbox"/> CC <input type="checkbox"/> F <input type="checkbox"/> O

Grades 6-8

KEY: E: Edge F: Family Model O: Older Students, Sacrament. Prep ((To prepare for Reconciliation and Eucharist, in addition to regular faith formation)

Last Name	First Name	Gender	Date Of Birth	Sacraments Received	Rel. Ed. Grade	Program Model	Sacrament Preparation
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist		<input type="checkbox"/> E <input type="checkbox"/> F	<input type="checkbox"/> O
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist		<input type="checkbox"/> E <input type="checkbox"/> F	<input type="checkbox"/> O

Grades 9-12

Last name	First name	Gender	Date of birth	Sacraments Received	Confirmation Year	Session	First Eucharist and Reconciliation Preparation
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist	<input type="checkbox"/> C-I <input type="checkbox"/> C-II	<input type="checkbox"/> Session 1 <input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3	<input type="checkbox"/> O
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist	<input type="checkbox"/> C-I <input type="checkbox"/> C-II	<input type="checkbox"/> Session 1 <input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3	<input type="checkbox"/> O

KEY: C-I First year C-II Second year of Confirmation preparation Session 1:Aug 1-4 Session 2:Oct 4,11,18,25 Session 3:Feb 27-March 2

O: Older Students, Sacrament. Prep ((If wish to prepare for Reconciliation and Eucharist in preparation for receiving Confirmation)

Special Needs/Accommodations/Medical: Please list any special circumstances we should be aware of to better meet your child's needs including: special needs, learning accommodations and/or, medical conditions including allergies, use of epi-pen, inhaler or other medical equipment. Please be sure to identify the family member(s) to which the circumstances apply.