

2017 - 2018 HOLY FAMILY PARISH FAITH FORMATION REGISTRATION AND FEES



Faith Formation Registration

Please complete all forms: (1) One **FAMILY REGISTRATION FORM** per family, (2) One **EMERGENCY PROCEDURE FORM** per family, and (3) An Individual **STUDENT INFORMATION FORM** for each student.

You are welcome to make as many copies of the Student Forms as you need. Additional forms are available in the Faith Formation Office, or you may download them by visiting our **Holy Family Parish website** at: www.holyfamparish.com.

You may also call Debby Meunier in the Faith Formation office at: (715) 735-9100 - ext. 105 and we will mail them to you.

Please remember to sign the **PARENT COMMITMENT** box on the back of the **FAMILY REGISTRATION FORM**.

Please bring your completed forms and tuition payment to the Faith Formation Office, or drop them (in envelope marked Faith Formation) in the Mass collection basket or you may mail them to arrive at the parish office by August 27th, 2017 to:

Holy Family Parish Faith Formation Tuition
2715 Taylor St.
Marinette, WI 54143

CLASS DAYS AND TIMES

Grades 1 through 6	Wednesday	5:30 – 7:00pm
Grades 7 through 10	Wednesday	7:15 – 8:45pm
Grade 11 - Confirmation	Wednesday	7:15 – 8:45pm

SACRAMENTAL FEES

Along with their regular tuition, children in Grades 2, and 11 will have additional **Sacrament Fees**:

GRADE 2: **FIRST RECONCILIATION:** \$15
 FIRST COMMUNION: \$15
 Total: \$30

GRADE 11: **CONFIRMATION RETREAT FEE:** \$40

TUITION

GRADES 1 – 11 \$30 per student

No student will be turned away because of inability to pay tuition.



*Special rates for more than one child in a family. See registration form.

**Payment should accompany the enclosed registration form.

2017 – 2018
HOLY FAMILY PARISH
Family Registration Form for Faith Formation
Please complete one form per family

Please PRINT very neatly

Family's last name			
Father's name		Mother's name Maiden name	
Street address		Street address (If different than father's address)	
City	State	Zip	
City		State Zip	
** E-mail address:		**E-mail address:	
Do you check your e-mail daily? Yes No		Do you check your e-mail daily? Yes No	
Did your child(ren) attend Faith Formation classes last year? Yes No			
Religion Marital Status		Religion Marital Status	
Home telephone:	Work telephone:	Home telephone:	Work telephone:
Cell #:	Can you be called at work? Yes No	Cell #:	Can you be called at work? Yes No
Occupation		Occupation	
Parish in which you are registered		Parish in which you are registered	
Person to contact if unable to reach parents		Telephone	<input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor

**** It is very important that you provide us with a current e-mail address that you check regularly either at work or at home. Most communication is done via e-mail.**

**LIST ALL CHILDREN IN HOLY FAMILY FAITH FORMATION PROGRAM
FOR CURRENT SCHOOL YEAR**

CHILD'S NAME	GRADE	CHILD'S NAME	GRADE

**2017 - 2018
PROMOTIONAL / MEDIA RELEASE**

During the 2017 - 2018 school years, Holy Family Faith Formation may reproduce or participate in videotape, motion picture, audio recording, web posting, or still photograph productions that involve the use of students' names, likenesses or voices. These may be used for educational or promotional purposes by the Holy Family Faith Formation Program.

OVER

News media, including representatives of television, radio, newspapers and magazines, also may be permitted on parish property and may take notes, still photos, sound recordings, and/or moving pictures that may include your child. These items may appear or be used in news or feature stories by print, television, website posting, or radio media. You have the right to object to the use of your child's name, picture or voice in these productions, and may do so by signing below:

INDICATE ONE CHOICE BELOW:

I, _____ the undersigned, **do hereby consent** that
(Please print parent/guardian names)

Holy Family Faith Formation may use the name, portrait, or other likeness of my child/children for news releases, media and promotional activities for the 2017 - 2018 school year.

OR

I, _____ the undersigned, **do not wish to allow**
(Please print parent/guardian names)

Holy Family Faith Formation to use the name, portrait, or other likeness of my child/children for news releases, media and promotional activities for the 2017 - 2018 school year.

PARENT COMMITMENT

Please complete in full

I understand that I am responsible for payment of charges for participation in the Faith Formation Program.

Payment should accompany this form.

Please make checks payable to: **Holy Family Parish Faith Formation**

		For Office Use Only	
Child #1	30.00		Paid: \$ _____ Date: _____ Check #: _____ Cash: _____ Balance Due: _____
Child #2	20.00		
Child #3	15.00		
Child #4 and up	Free		
1st Reconciliation	+30.00		
1st Communion			
Confirmation	+ 40.00		
TOTAL DUE:			

**No child will ever be turned away from Faith Formation for financial reasons.
 Financial assistance is available to those who qualify.**

Signature	Date
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2017 - 2018
HOLY FAMILY PARISH
EMERGENCY PROCEDURE FORM

Please print VERY clearly		Family's last name	
Father's name		Mother's name	
Street address		Street address	
City	State	Zip	
City		State	
Zip			
Home telephone	Work telephone	Home telephone	Work telephone
Cell #:		Cell #:	
Person to contact if unable to reach parents		Telephone	<input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor

**LIST ALL CHILDREN IN HOLY FAMILY FAITH FORMATION PROGRAM
 FOR CURRENT SCHOOL YEAR**

CHILD'S NAME	GRADE	CHILD'S NAME	GRADE

MEDICAL ALERT

Please describe any allergies or medical conditions or other conditions that we should be aware of for any or all of your children:

In the event of a minor injury to your child(ren) while at Faith Formation, we will apply a topical antibiotic and a bandage to the wound, or any anti-itch cream to a minor rash or insect bite, etc. If there are any know allergies to this type of medication, please mention in the above medical alert.

Family Physician	Clinic
Address	Phone
Family Dentist	Clinic
Address	Phone
Preferred Hospital	
Parent / Guardian Signature	Date

2017 – 2018
HOLY FAMILY PARISH – FAITH FORMATION PROGRAM
STUDENT INFORMATION FORM
Grade 1 through Grade 11
****Please complete one form for EACH student****

Please PRINT very clearly

Student's last name	Student's first name	Age: _____	Gender: M or F
Birth date	School now attending	Now entering in Faith Formation: Grade _____	
Custodial parent		Telephone	
Street address		City	State Zip

SACRAMENTAL INFORMATION

SACRAMENT	YES	NO	PARISH IN WHICH SACRAMENT WAS RECEIVED
Baptism			
First Communion			
First Reconciliation			
Confirmation			

Physical or Educational impairments we need to know about in order to work effectively with your child:

PARENTS: WHERE CAN YOU HELP ?

***Your gifts of time and talent by volunteering are vital in making Christ come alive for our youth!
Please check those areas in which you could help us with the Faith Formation Program.***

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Teach a class at grade level(s) _____ <input type="checkbox"/> Teacher Aide <input type="checkbox"/> Substitute teacher, grade level(s) _____ <input type="checkbox"/> Office help: Daytime _____ Evening _____ <input type="checkbox"/> Hall / Door Monitor on Wednesdays <input type="checkbox"/> Class Setup / Take Down / Environment <input type="checkbox"/> Prayer testing, Grades 1 through 10 <input type="checkbox"/> Bake cookies or bring treats when needed. <p style="text-align: center;"><u>Work with the following Team(s)</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Sunday morning "Children's Church" <input type="checkbox"/> Christmas Play <input type="checkbox"/> Christmas Play Social <input type="checkbox"/> Reconciliation Services <input type="checkbox"/> Sacrament of Reconciliation | <ul style="list-style-type: none"> <input type="checkbox"/> Bread Sharing Weekend <input type="checkbox"/> Sacrament of First Communion <input type="checkbox"/> Sacrament of Confirmation <input type="checkbox"/> Steubenville North Youth Conference <input type="checkbox"/> Prayer Services <input type="checkbox"/> Adoration Chapel <input type="checkbox"/> "Love Begins Here" Mission Trip <input type="checkbox"/> Parish Picnic <input type="checkbox"/> Senior Socials <input type="checkbox"/> Vacation Bible School <input type="checkbox"/> Photography / News Releases <input type="checkbox"/> Freezin' for a Reason <input type="checkbox"/> Young Vincentians <input type="checkbox"/> Ministry <input type="checkbox"/> I can help in this way: _____ |
|---|--|



Office of Faith Formation

2715 Taylor Street
Marinette, WI 54143
Phone: (715) 735-9100 – Ext. 105
E-mail: HFfaithform@yahoo.com



“We are missionary disciples striving to lead all people to the Kingdom of God.”
-Bishop Ricken

As I reflect on this past faith formation year and the many new faces I have encountered, I am filled with joy. This parish community has touched my heart and I long for us to continue to grow together on our journey toward Christ.

In order for me to serve the needs of the families in this parish, I need to take the opportunity to meet each family, where they are at, on their journey.

Our families and lives are beautiful and diverse; sometimes they are ugly and thwarted. But always.....we are on a journey.

My husband frequently tells me to “turn the page” to the new chapter being written in our lives. I have learned that it is difficult to enjoy the present and the future if we hold on to the past.

I am inviting you to help me in “turning the pages” we need to turn to bring our parish families even closer together, entwined in the mission to make Christ come alive for ourselves and for all those around us!

Through the Emmaus Program in the Diocese of Green Bay, I have studied for three years with some of the most gifted, intellectual and spiritual instructors that our diocese has to offer. I have embraced the richness of the Catholic Faith and yearn to share what I have learned with all of you.

Please give me the opportunity to meet your families, and together, determine the direction of the faith formation program at Holy Family Parish. (See back side)

Blessings on Your Day!

-**Debby**

I am asking you to complete this information and return it to the Parish Office as soon as possible. Thank you, in advance.

Please complete the questions below, keeping in mind that I will not be available on the following dates: June 7-15 (Youth Rummage Sale/Steubenville Parent Meeting & Vacation Bible School), July 4-10 (Lifest in Oshkosh), July 26th thru August 3rd (Steubenville North Youth Conference / Mandatory Diocesan Seminar).

Head(s) of Household(s)

Phone Number(s)

What are a couple of options of dates / times for us to meet?

Where is a good place for us to meet? (30-60 minutes)

- Parish Office: 2715 Taylor Street
- Let's do lunch. Meet (me) us at: _____