

**St. Joseph  
on Carrollton Manor  
Faith Formation Class  
Registration 2011-2012**

**\*\*IMPORTANT: Families must be registered with the parish\*\***

- Complete the form and return by July 31<sup>st</sup>.
- **Sacramental Preparation** is a separate program from Faith Formation. If your child/youth is eligible to prepare for Eucharist, Reconciliation, or Confirmation complete the specific sacrament form. The sacrament fee is **in addition** to the Faith Formation tuition.

Family's Last Name: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

Complete Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (H) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (W) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ex \_\_\_\_\_ (Cell) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion \_\_\_\_\_

Name of Residential Development: \_\_\_\_\_

**Family Status** : \_\_\_\_Two-parent Family \_\_\_\_Single-parent Family \_\_\_\_Blended Family (Step) \_\_\_\_Guardian

If information such as schedules and permission slips need to be sent to another parent, please provide complete name and address: **Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Complete Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Is there a Parent Custodial Order? Y or N** If so, please attach a copy of the order.

**Emergency contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**~ St. Joseph-on-Carrollton Manor "Healthy Relationships", K – 5<sup>th</sup> grade.** The Archdiocese of Baltimore requires Parish Faith Formation programs to offer an age appropriate program that will help guide, teach and reinforce the Catholic teachings on relationships, love and respecting the value of human life. As the parent(s) I understand the program is implemented into the regular curriculum. I allow my child to participate in those classes. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Decline: \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_

Circle grade(s) that apply: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup>

**~ Middle- and High-school** students will use a separate program for each grade called 'Created to Love,' which will be discussed at initial parent meetings in the Fall. For more info, visit [www.archbalt.org/youngchurch/createdtolove.cfm](http://www.archbalt.org/youngchurch/createdtolove.cfm)



**~ \*Photo Release Form for those under 18** I (print your name) \_\_\_\_\_ give *St. Joseph-on-Carrollton Manor* the absolute right and permission to use a photograph of my child, (print child's name) \_\_\_\_\_ in its promotional materials and publicity efforts. I

understand that the photography may be used in a publication, print and direct-mail piece, electronic media (e.g. video, CD-ROM, Internet/WWW), or other forms of promotion. I release *St. Joseph-on-Carrollton Manor* the photographer, their offices, employees, agents and designees from liability for any violation of any personal or propriety right I may have in connection with such use. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Declined photo permission \_\_\_\_\_

**\*Signature of Parent/Guardian:** \_\_\_\_\_

**Office Use Only**

*Returned volunteer form and contacted to help* \_\_\_\_\_

Date \_\_\_\_\_ Check # \_\_\_\_\_ Amt. \$ \_\_\_\_\_ Cash \_\_\_\_\_ Balance Due \$ \_\_\_\_\_

Payment Plan on file: Yes No (circle one) \* EFT (1st or 15th of month) \*\* Credit Card

\* Electronic Funds Transfer (EFT) - forms can be found on the website or picked up in the Parish Center.

\*\* Credit Card - you must stop by the office to charge tuition to a credit card.

**Tuition: Adults - no charge**  
**Child(ren) - first 3 @ \$65 ea**  
**4th+ - no charge**

Tuition: Adults - no charge Child(ren) - first 3 @ \$65 ea 4th+ - no charge		Wed CFF (grade K-5) 6:50-8:00pm	EDGE (grade 6-8) 2:30-4:30pm	LifeTeen (grade 9-12) 6:30-8:30pm	Generations of Faith Saturday 6:00-9:00pm	Generations of Faith Sunday 12:30-2:30pm	Generations of Faith Sunday 5:30-7:30pm	Catholic School Student	Sacraments Received
Name _____ M / F (circle)      DOB ____ / ____ / ____ Allergy/Disability: _____	Grade in Fall	Grade in Fall	Grade in Fall	Grade in Fall	Grade in Fall	Grade in Fall	Grade in Fall	School & Grade	Bap Y N Rec Y N Euc Y N Con Y N
Name _____ M / F (circle)      DOB ____ / ____ / ____ Allergy/Disability: _____	Grade in Fall	Grade in Fall	Grade in Fall	Grade in Fall	Grade in Fall	Grade in Fall	Grade in Fall	School & Grade	Bap Y N Rec Y N Euc Y N Con Y N
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\_\_\_\_\_ children/youth (up to 3) x \$65 = \_\_\_\_\_ tuition due