



THE CATHOLIC COMMUNITY OF  
**ST. GABRIEL**  
 BEING CHRIST · EVERY DAY · EVERYWHERE

## 2009 – 2010 YOUTH FAITH FORMATION REGISTRATION

Welcome to our Youth Faith Formation Programs.  
**ALL "NEW" OR "RETURNING" STUDENTS MUST REGISTER**

This form allows a family to register more than one child for any of our programs listed below.

**PROGRAMS:** PSR (Grades 1-5), Crossings-PSR (Grades 6-8), S.N. (Special Needs), GS (Good Shepherd),  
 BOK (Grades 9-12), BOKjr (Grades 6-8)

( PLEASE PRINT INFORMATION ON BOTH SIDES OF THIS FORM )

### FAMILY INFORMATION

Family Last Name: _____		Address: _____	
		City / Zip: _____	
Home Phone: _____	Cell / Work Phone: _____	Family Email: _____	
Student(s) Live With: ___ Natural Mother ___ Natural Father ___ Custodial Mother ___ Custodial Father ___ Other (please specify)		Religion of Mother: _____ Religion of Father: _____	Marital Status of Natural Parents: Mother: Single <input type="checkbox"/> Married <input type="checkbox"/> Div. <input type="checkbox"/> Sep. <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased <input type="checkbox"/> Father: Single <input type="checkbox"/> Married <input type="checkbox"/> Div. <input type="checkbox"/> Sep. <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased <input type="checkbox"/>
Home Parish: _____			
Natural Father: (last/first name): _____		<b>COMPLETE ONLY IF CHILD(REN) RESIDE AT TWO LOCATIONS:</b> Kindly note relationship to this child(ren): _____ Name: _____ Address: _____ Contact Phone Numbers: _____ Will attendance be irregular due to custodial arrangements: ___ Yes ___ No	
Natural Mother: (last/first name): _____			
Mother's Maiden Name: _____			

**FEE AND PAYMENT STRUCTURE:** Tuition breaks are offered for multiple children within the same program based on the individual budget needs of that program.

**PSR (Grades 1-5), PSR-Crossings (Grades 6-8):** \$90 (1 child) \$145 (2 children) \$195 (3 or more children)

**Sunday Pre-School:** \$75 (1 child) \$100 (2 children) \$120 (3 or more children)

**Special Needs:** \$55 (1 child) \$50 (each additional child)

**Good Shepherd:** \$90 (1 child) \$145 (2 children) \$195 (3 or more children)

**BOK – High School Youth Ministry:** \$25 (1 child) \$40 (2 children) \$50 (3 or more)

**THE FOLLOWING PROGRAMS:** Sacraments; Generations of Faith; Vacation Bible School, BOKjr and Jr. High Summer Camp will have separate registration fees per their activity.

Kindly total the registration amounts, (note children in multiple programs). Payments should be made payable to St. Gabriel Parish and should be dropped off at either the Parish or Religious Education Offices. **Payment with registration is preferred.**  
**One check can be used for payment of all programs.**  
 Kindly indicate the programs for which you are registering on your check.  
 In the event of financial difficulty, please call Mrs. Hadesh at 354-7551.

\* SEE REVERSE SIDE \* - FOR INDIVIDUAL STUDENT REGISTRATION INFORMATION

### INDIVIDUAL STUDENT REGISTRATION INFORMATION

Complete all necessary information for each child registering. Kindly select all program(s) needed. The program with the ( \* ) needs to be completed in its entirety.

<b>STUDENT NAME:</b> (last)		(first)	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Place of birth:	Age:
School:		Grade (Sept. 09):	PSR Grade (Sept. 09):			
<input type="checkbox"/> Baptism ___ Yes ___ No	Date:	Church:	Address (City / State):			
<input type="checkbox"/> Reconciliation ___ Yes ___ No	Date:	Church:	Address (City / State):			
<input type="checkbox"/> First Eucharist ___ Yes ___ No	Date:	Church:	Address (City / State):			
<input type="checkbox"/> Confirmation ___ Yes ___ No	Date:	Church:	Address (City / State):			
Program Registering for: <input type="checkbox"/> PSR (Gr. 1-5) <input type="checkbox"/> Crossings-PSR (Gr. 6-8) <input type="checkbox"/> Sunday Preschool <input type="checkbox"/> Special Needs <input type="checkbox"/> Good Shepherd ( * ) <input type="checkbox"/> BOK (Gr. 9-12) <input type="checkbox"/> BOKjr (Gr. 6-8)						
( * ) Good Shepherd Atrium Selections: Level 1 (PS-KG): 4:15 - 6:00 pm ___ Monday ___ Tuesday ___ Wednesday Level 2 (Gr. 1-3): 4:15 - 6:00 pm ___ Monday ___ Tuesday ___ Wednesday Level 3 (Gr. 4-5): 6:00 - 8:00 pm ___ Thursday		Please note if child has attended Good Shepherd in previous years: ___ Yes ___ No				
Select 1 <sup>st</sup> and 2 <sup>nd</sup> choice						

<b>STUDENT NAME:</b> (last)		(first)	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Place of birth:	Age:
School:		Grade (Sept. 09):	PSR Grade (Sept. 09):			
<input type="checkbox"/> Baptism ___ Yes ___ No	Date:	Church:	Address (City / State):			
<input type="checkbox"/> Reconciliation ___ Yes ___ No	Date:	Church:	Address (City / State):			
<input type="checkbox"/> First Eucharist ___ Yes ___ No	Date:	Church:	Address (City / State):			
<input type="checkbox"/> Confirmation ___ Yes ___ No	Date:	Church:	Address (City / State):			
Program Registering for: <input type="checkbox"/> PSR (Gr. 1-5) <input type="checkbox"/> Crossings-PSR (Gr. 6-8) <input type="checkbox"/> Sunday Preschool <input type="checkbox"/> Special Needs <input type="checkbox"/> Good Shepherd ( * ) <input type="checkbox"/> BOK (Gr. 9-12) <input type="checkbox"/> BOKjr (Gr. 6-8)						
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<input type="checkbox"/> First Eucharist ___ Yes ___ No	Date:	Church:	Address (City / State):			
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OFFICE USE ONLY (rev. 2-13-09):      Date Received:      Amount:      Check #      Cash: