



2011 – 2012 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), SP (Sunday Preschool), SN (Special Needs), GS (Good Shepherd), BOK (Grades 9-12)

PLEASE PRINT INFORMATION ON BOTH SIDES OF THIS FORM / * REVERSE SIDE FOR INDIVIDUAL STUDENT REGISTRATION ONLY

FAMILY INFORMATION									
Family Last Name: Home Phone:	Address: City / Zip:								
Mother (Work / Cell):	Father (Work / Cell):								
Family Email:									
Student(s) Live With: ___ Natural Mother ___ Natural Father ___ Custodial Mother ___ Custodial Father ___ Other (please specify) Home Parish: _____	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"/>									
Natural Father: (last/first name): _____ Natural Mother: (last/first name): _____ Mother's Maiden Name: _____	COMPLETE ONLY IF CHILD(REN) RESIDE AT TWO LOCATIONS: Kindly note relationship to this child(ren): _____ Name: _____ Address: _____ Contact Phone Numbers: _____ Will attendance be irregular due to custodial arrangements: ___ Yes ___ No								
<u>FEE AND PAYMENT STRUCTURE:</u> 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)									
<div style="border: 1px dashed black; padding: 10px; text-align: center;"> <p>The following program have additional fees: Sacraments, Vacation Bible School, BOKjr and Jr. High Kingdom Kamp</p> </div>									
<div style="border: 1px solid black; padding: 10px;"> <p>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.</p> </div>									
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">OFFICE USE ONLY (rev. 1-31-11) Date Received:</td> <td style="width: 25%; border: none;">Total Due:</td> <td style="width: 25%; border: none;">Amount Received:</td> <td style="width: 25%; border: none;">Check #:</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">Cash Received:</td> </tr> </table>		OFFICE USE ONLY (rev. 1-31-11) Date Received:	Total Due:	Amount Received:	Check #:				Cash Received:
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Complete all necessary information for each child; sacramental dates only if "NEW" student. Kindly select all program(s) needed. (*) Fully complete Atrium information

STUDENT NAME: (last) _____ (first) _____ M F Date of Birth: _____ Place of birth: _____ Age: _____

School: _____ Grade (Sept. 2011): _____ PSR Grade (Sept. 2011): _____

Baptism ___ Yes ___ No Date: _____ Church: _____ Address (City / State): _____

Reconciliation ___ Yes ___ No Date: _____ Church: _____ Address (City / State): _____

First Eucharist ___ Yes ___ No Date: _____ Church: _____ Address (City / State): _____

Confirmation ___ Yes ___ No Date: _____ Church: _____ Address (City / State): _____

Program Registering for: **Good Shepherd (*)** **PSR (Gr. 1-5)** **Crossings-PSR (Gr. 6-8)** **Sunday Preschool** **Special Needs** **BOK (Gr. 9-12)**

Good Shepherd Atrium Choices:

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 ~ 6:15 - 8:15 pm ___ Tuesday ___ Wednesday
 Level 3 - Gr. 6 ~ 6:15 - 8:15 pm ___ Monday (alternating)

PSR ~ Wednesday 6:00-7:30 PM / Crossings ~ 2-3 Sundays per month 6:00-7:30 PM
 Good Shepherd ~ See Atrium choices / Special Needs ~ Saturday 10:00-11:00 AM
 Sunday Preschool ~ Sunday 10:30-11:30 AM / BOK ~ See Parish Bulletin

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