

2011/2012

FAITH FORMATION REGISTRATION

Church of St. Joseph

St. John the Evangelist

Please check which parish you are a member

FAMILY LAST NAME	FATHER FIRST NAME	MOTHER FIRST & MAIDEN NAME
MAILING ADDRESS:		CHILD(REN) LIVE WITH: (Check all that apply)
		<input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Step-parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other If other , please specify: _____
FATHER contact numbers:	MOTHER contact numbers:	
Home: (____) _____ - _____	Home: (____) _____ - _____	
Cell: (____) _____ - _____	Cell: (____) _____ - _____	
Work: (____) _____ - _____	Work: (____) _____ - _____	
E-Mail: Please complete accurately - we need only one address to send all messages with Faith Formation information		

Programs	TIMES	Notes:
Pre-School <i>(Ages 3, 4 & Kindergarten)</i>	Two Sunday morning options	8:30am at St. Joseph's 10:30am at St. John's
Elementary <i>(grades 1-5)</i>	Sunday evening 6pm – 7:30pm	Grade 2 includes First Reconciliation and First Eucharist preparation
EDGE <i>(grades 6, 7 & 8)</i>	Sunday evening 6pm – 7:30pm	
Confirmation <i>(grades 9-10)</i>	Sunday evening 6pm – 7:30pm	Confirmation is a 2 year program
Lifeteen <i>(grades 11 & 12)</i>	Sunday evening 6pm – 7:30pm	

If your child will be attending the Sunday morning class for 3, 4 year old and Kindergarten, which time and place is your preference?

8:30am at St. Joseph

10:30am at St. John

FAITH FORMATION CLASSES

Please complete a column for **each child** you are **registering**

	1 st Child	2 nd Child	3 rd Child	4 th Child
First Name				
Last Name <i>(if different from family)</i>				
<p style="text-align: center;">Grade in 2011/2012</p> <p style="font-size: small;">please complete this section because information is needed for Archdiocese audit forms</p>	3 yr old <input type="checkbox"/> 4 yr old <input type="checkbox"/> Kindergarten <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/>	3 yr old <input type="checkbox"/> 4 yr old <input type="checkbox"/> Kindergarten <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/>	3 yr old <input type="checkbox"/> 4 yr old <input type="checkbox"/> Kindergarten <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/>	3 yr old <input type="checkbox"/> 4 yr old <input type="checkbox"/> Kindergarten <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/>
School attending in 2011/2012				
Birth Date				
Gender				
<p style="font-size: small;">So we can better serve your child(ren), please list any disorders, allergies, physical, sensory, cognitive, social or emotional special needs.</p> <p style="font-size: small;"><i>This information will only be shared with the child's Catechist.</i></p>				

SACRAMENTAL PROGRAMS

Please complete **ONLY** if you are **REGISTERING** your child **FOR**
 First Reconciliation/First Eucharist [Grade 2] or Confirmation sessions [Grade 9 & 10]

FIRST RECONCILIATION & FIRST EUCHARIST

Please fill in your child's full baptismal name

CHILD'S FIRST NAME	MIDDLE NAME	LAST NAME
Was your child Baptized in another church? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes a photocopy of the Baptismal Certificate is needed.</i>		Was your child Baptized at St. Joseph's? Yes <input type="checkbox"/> No <input type="checkbox"/> Was your child Baptized at St. John's? Yes <input type="checkbox"/> No <input type="checkbox"/>

CONFIRMATION

Please fill in your child's full baptismal name

CHILD'S FIRST NAME	MIDDLE NAME	LAST NAME
Was your child Baptized in another church? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes a photocopy of the Baptismal Certificate is needed</i>		Was your child Baptized at St. Joseph's? Yes <input type="checkbox"/> No <input type="checkbox"/> Was your child Baptized at St. John's? Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Does YOUR 9-12 Grade Student have his/her own e-mail address? St. Joseph's and St. John's sends out a weekly Senior High E-Newsletter. If you want your child to receive this please give their email address here:</p> <p><input type="checkbox"/> Check here if YOU (the parent) would also like to receive the Senior High E-Newsletter.</p>		

FAITH FORMATION TUITION

HOW MANY CHILDREN ARE YOU REGISTERING?

1 CHILD = \$75	2 CHILDREN = \$140	3 OR MORE CHILDREN = \$200
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I am registering is _____ child(ren), therefore my **TOTAL COST** = \$ _____

LESS \$10.00 IF REGISTERED BY SEPTEMBER 14, 2011 \$ _____

Please add \$50 if you are not registered in the parish of St. Joseph or St. John the Evangelist

AMOUNT ENCLOSED \$ _____

Please make checks payable to: St. Joseph's Church or St. John the Evangelist Church

Payment options (e.g. scholarships or installments) can be discussed with the Program Director

**Please return completed form to:
one of the Faith Formation Offices below:**

Church of St. Joseph

**Faith Formation Office
1310 Mainstreet
Hopkins, MN 55343**

Charles A. Romportl (Chuck)
Faith Formation Director
(952) 935-7004
chuck@stjosephhopkins.org

Kathleen Esh
Pre-School Coordinitor
(952) 933-7610
kmeyesh@yahoo.com

Louise Wilson
Faith Formation Administrative Assistant
(952) 935-7004
louise@stjosephhopkins.org

St. John the Evangelist

**Faith Formation Office
6 Interlachen Road
Hopkins, MN 55343**

Charles A. Romportl (Chuck)
Faith Formation Director
(952) 540-4762
cromportl@stjohnhopkins.org

Jenni Stankevitz
Pre-School Coordinator
(952) 938-2773
stankevi@earthlink.net