

FAITH FORMATION REGISTRATION 2017-2018

Please complete the form below, printing legibly, and return it with payment to: ST. GABRIEL CATHOLIC CHURCH
3016 PROVIDENCE RD.
CHARLOTTE, NC 28211
Attn: Faith Formation

Registration can also be completed online. Visit www.stgabrielchurch.org/FFregistration to complete registration and pay with a credit card.

- Registration Fee is \$75 per student for grades K-8, Sacramental Prep & Sacramental Prep Teen Classes; maximum Registration Fee of \$150 per family. FEE IS DUE WITH REGISTRATION FORM. *DUE TO DEMAND, INCOMPLETE FORMS AND REGISTRATIONS WITHOUT PAYMENT WILL NOT BE PROCESSED. ALL CLASSES ARE ON A FIRST COME BASIS AND SUBJECT TO TEACHER AVAILABILITY.*
- Registration for FIRST RECONCILIATION & COMMUNION and CONFIRMATION are on a separate form and have a separate fee.
- All fees are waived for children of catechists and assistants. If interested in volunteering, please indicate below.
- Reduced or waived fees due to financial hardship are determined on an individual basis. Please contact the Faith Formation office to discuss, 704-364-5047 ext. 228 for K-3rd or ext. 219 for 4-8th.

STUDENT INFORMATION

Student's Last Name: _____ First Name: _____

Nickname: _____ Gender: M or F Birthdate: ____/____/____

School Attending 2017-18: _____ Grade (Sept. 2017) _____ (Kindergarteners must be 5 by 8/31/17)

Did your child attend Faith Formation 2016-17? (Circle one) Yes or No If yes, where? _____

Has your child RECEIVED any of the following sacraments? (Circle one each) Baptism Y or N Reconciliation Y or N Communion Y or N

Student Street Address: _____ Apt. #: _____

City/State: _____ Zip Code: _____

Primary E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Health concerns, allergies, learning disabilities: _____

FAMILY INFORMATION

Mother's Full Name: _____

Mother's Address (if different from child's): _____

Father's Full Name: _____

Father's Address (if different from child's): _____

Is your family registered at St. Gabriel parish? (Circle one) Y or N If so, envelope #? _____

Name(s) and grade(s) of sibling(s) in Faith Formation program: _____

SESSION INFORMATION

Please indicate your Session Preference (Choices 1, 2 & 3):

- ____ Sun 1:45-3:00 pm (K-8)
____ Sun 3:30-4:45 pm (K-8)
____ Sun 6:30-7:45 pm (K-8) ____ Sacramental Prep (4-8)
____ Wed 6:30-7:30 pm (K-8) ____ Sacramental Prep (4-8)

Sacramental Prep Classes are for 4th to 8th graders who have not received sacraments, BUT have had one year of Faith Formation last school year. They will prepare to receive First Reconciliation & First Communion.

Are you interested in serving as a CATECHIST/ASSISTANT CATECHIST? If yes, what grade? _____

ALL CLASSES ARE ON A FIRST COME BASIS AND SUBJECT TO CATECHIST AVAILABILITY.

For office use only

Date rec'd. _____ Total amt. due _____ Total amt. paid _____ Check # _____