



St. Gabriel
the Archangel
Catholic Church

6 Interlachen Road, Hopkins, MN 55343
952-935-5536 www.stgabrielhopkins.org

2018-19 Faith Formation & Sacramental Preparation Registration Form

Family Last Name _____ Home Phone _____ Registered member of St. Gabriel? Yes No

Address _____ City: _____ Zip Code _____

Family Email _____ Alternate Email _____

Parent Full Name _____ Work # _____ Cell # _____

Parent Full Name _____ Work # _____ Cell # _____

1. A listing of program days/times and descriptions are on the reverse side of this form. Use the Key to fill out the chart below.
2. Fill out the whole form, sign, and return with your check to the office in person or by mail by Sept. 12, 2018 for Early Bird rate.
3. Call the Faith Formation Office with questions: 952-540-4762.

To register, complete the box below. Program title key is on back. **To register for Sacramental Preparation, check the appropriate box** (no extra fee; student must also be registered in a Faith Formation Program through the parish or a Catholic school).

Child's first and last name	M/F	Date of Birth	Grade in 2018/19	Program choice Code	Sacramental Preparation			Is this student Baptized?	School attending 2018/19
					Reconciliation Grade 2 & Up	Eucharist Grade 2 & Up	Confirmation Grade 10 & Up		
<i>Example: John Doe</i>	<i>M</i>	<i>1/31/2011</i>	<i>2</i>	<i>CM</i>	<i>X</i>	<i>X</i>		<i>yes</i>	<i>Aquila</i>

All Programs: Special Needs or Circumstances. Example: Medical, Learning, Behavior, Allergies, etc.

Name: _____ Needs: _____

Name: _____ Needs: _____

Listing of program choices—use this key to fill out the chart on the front of this form.

FAITH FORMATION TUITION

PROGRAM	CODE	NOTES
Pre-School (Ages 3, 4, & K)	PS10	Sunday 10:30 at St. John
Children's Ministry (grades 1-4)	CM	Sunday 10:15-11:35am at St. John
Middle School Ministry (grades 5-8)	MS	Wednesday 6:00-7:15pm at St. John
High School Ministry (grades 9-12)	HS	Wednesday 6:00-7:15pm at St. John
1 st Reconciliation/1 st Eucharist (grade 2 and older)	(check box on form)	6 Sunday evenings w/ parents 6:00-7:30pm at St. John (see separate schedule for class times)
Confirmation (10 th grade and older)	(check box on form)	6 Sunday evenings w/ parent and/or sponsor 6:00- 7:30pm at St. John (see separate schedule for class times)

Registration Fee: \$85/child

****Register by Sept. 12 to receive a \$20 discount/child (\$65/child)**

I am registering _____ child(ren) TOTAL COST= \$ _____	
Early Registration discount (\$20/child)	- \$ _____
Amount Enclosed	\$ _____
_____ I would like to make the remainder of my payment in installments through the coming year (<i>due the 15th of each month until paid in full</i>)	
_____ I would like to apply for a full or partial scholarship. \$ _____	
<i>(For scholarships, please fill out the Scholarship Request form, available from the Faith Formation Office.)</i>	

By enrolling my child(ren) in faith formation programs at St. Gabriel the Archangel Catholic Church, I agree to abide by all policies and program expectations, and I will participate as much as possible.

Signature _____ **Date** _____

St. Gabriel the Archangel Catholic Church reserves the right to use any photographs/video taken at a St. Gabriel event in publications or other media material produced. To ensure the privacy of individuals and children, images will not be identified without written approval from the photographed subject, parent, or legal guardian. A person who does not wish to have their image recorded should make their wishes known to the photographer at time of filming.

Faith Formation Staff

Kathleen Esh, Pre-School Coordinator 952-935-5536/ kesh@stgabrielhopkins.org

Cindy Novak, Director of Youth Formation 952-540-4762/ cnovak@stgabrielhopkins.org

OFFICE USE ONLY	
Date Received	_____
Amt. Paid	_____ chk # _____ cash