



FAITH FORMATION REGISTRATION

2018 - 2019

Father: _____

Last Name

First Name

Religion: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Address: _____

Street

City

Zip Code

Mother: _____

Last Name

Maiden Name

First Name

Religion: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Address: _____

Street

City

Zip Code

If father's and mother's mailing addresses are different, please indicate which you would like us to use: ___ Father ___ Mother ___ Both

Description of Classes

Faith Formation: for grades 1st - 8th. Class meets on Wednesdays, from 7-8:15 pm, in the School.

Sacrament Prep: for all Parish Faith Formation and Homeschool students preparing to receive the Sacraments of Reconciliation and First Holy Eucharist this year.

Rite of Confirmation (ROC): for 9th and 10th grade. All classes are held on Wednesday, from 7-8:15 pm, in the Church building.

Fees

Requested donation of \$80 per student.

The amount our family can commit to is \$_____.

___ We will give this amount in one payment.

___ We will give \$_____ in monthly installments September 2018- April 2019.

For Office Use Only

Date: _____

Amount Paid: _____

Check #: _____

Cash: _____

*Every man shall give as he is able, according to the blessing of the LORD your God which He has given you.
~ Deuteronomy 16:17*

Please Complete Both Sides

Child: _____

Last Name	First Name	Male or Female	Date of Birth	Grade in 2018-2019
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Sacraments received: ___ Baptism ___ 1st Eucharist ___ Reconciliation

Registering for: ___ 1st-8th Grade Faith Formation ___ Sacrament Prep ___ Confirmation

Special Needs (learning, physical, allergies) or any concerns: _____

Child: _____

Last Name	First Name	Male or Female	Date of Birth	Grade in 2018-2019
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Special Needs (learning, physical, allergies) or any concerns: _____

***** Important for all Sacrament Prep and Confirmation students *****

If your child was not baptized at the Church of St. Raphael, you must provide us with an original baptismal certificate affixed with the official raised seal, dated within 6 months prior to your child's sacramental event. Please contact, Faith Formation office if you have any questions, (763) 537-8401 ext 211

___ My child was baptized at the Church of St. Raphael.

___ I have already provided a baptism certificate.

___ I will/have requested a baptism certificate from _____

Church Name City, State, Country