

**2016-17 Faith Formation Registration Form**

St. Theresa of the Child Jesus Parish, 1230 Merle Hay Rd, Des Moines, IA 50311

Family Name \_\_\_\_\_ Dad's Name \_\_\_\_\_ Dad Catholic? Yes  No  Mom's Name \_\_\_\_\_ Mom Catholic? Yes  No  Mom's Maiden Name \_\_\_\_\_

Home address (street, city, ZIP CODE) \_\_\_\_\_ Parish of Registration \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

**E-mail addresses for faith formation communications**

**Emergency contact during Faith Formation** – list name, relationship, phone #

SS=Sunday School (PreK& Kdg) WFF = K-5 Wed eve. **Edge = 6-8 Wed eve. C1(1<sup>st</sup> yr) or C2(2<sup>nd</sup> yr)=Confirmation LT = Life Teen (9th-12th)**

Student's Name	Faith Form. Program	Date of Birth	Grade 2016-17	Baptized? Yes/No Date/Church/City	Reconciliation Yes/No	First Communion? Y/N Date/Church/City	Confirmation? Y/N Date/Church/City

**Tuition:** Registration Fee **\$15/Family \$15.00**

Sunday School \$20/ child \$ \_\_\_\_\_

WFF (K-5) 1 child \$60 \_\_\_\_\_

2 children \$100 \_\_\_\_\_

3 or more \$130 \_\_\_\_\_

Amt pd \_\_\_\_\_ Ck# \_\_\_\_\_ Date \_\_\_\_\_

Amt pd \_\_\_\_\_ Ck# \_\_\_\_\_ Date \_\_\_\_\_

Edge & Life Teen/C1 or C2 (6-12)\$30/student \$ \_\_\_\_\_

(Confirmed HS teens: FREE)

**(Maximum charge/family \$145) TOTAL:** \$ \_\_\_\_\_

Parent signature & date \_\_\_\_\_

*Write Checks to: St. Theresa Faith Formation*

\* No child will be turned away for financial reasons; contact Megs or Jane Ann if needed.



**Wednesday Faith Formation**

**St. Theresa of the Child Jesus**

**1230 Merle Hay Road, Des Moines, IA 50311-2098**

**Jane Ann Becicka-Children's Faith Formation Coordinator**

**Includes Sunday School, Grades PreK-5<sup>th</sup>**

**ibecicka@sainttheresalowa.org or 279-4654 ext 304**

**Megs Howes-Youth Minister**

**Includes Grades 6<sup>th</sup>-12 (Edge, Life Teen, Confirmation)**

**mhowes@sainttheresalowa.org or 515-720-4060**

**Photo/Video Permission for 2016-2017**

The Staff of St. Theresa of the Child Jesus will from time to time photograph or videotape faith formation events including, but not confined to, faith formation classroom sessions, faith formation meetings, retreats, Generations of Faith Festivals, Vacation Bible School, and activities pertaining to the preparation for, and the celebration of, sacraments. The pictures and videos are used in a variety of ways not limited to the parish bulletin, parish bulletin boards, in the diocesan newspaper, parish websites, and/or the parish newsletter. No names are used. We take very seriously the safety of each person and especially the children who participate in these activities. Please complete the form below with this in mind.

**I give permission for my child or children, \_\_\_\_\_ to be photographed or videotaped as described above. (list names)**

Parent Signature

Date

**OR**

**I DO NOT give permission for my child or children, \_\_\_\_\_ to be photographed or videotaped as described above. (list names)**

Parent Signature

Date

**I, \_\_\_\_\_, have received and read the Faith Formation Parent Handbook for the year 2016-17 My family agrees to follow the policies and procedures contained therein.**

**X**

Parent Signature

Date

**Special Needs:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medication:** \_\_\_\_\_

**Any additional information you would like to share so we can have a successful year:**