



# St. Jane Frances de Chantal

## Faith Formation Registration 2019-2020

38750 Ryan Road, Sterling Heights, MI 48310  
586-977-8080

### SESSIONS OFFERED

**K-6 - Thursday 5:30 - 7:00pm**

**7&8 - Tuesday 6:00 - 8:00pm**

**Record for:** \_\_\_\_\_

### FAMILY INFORMATION

**Family Last Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Mother's Maiden: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_

Home Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

City, Zip Code \_\_\_\_\_ Both Parents Catholic?  Yes  No

Marital Status of \_\_\_\_\_ Step-parent's name \_\_\_\_\_

Parents \_\_\_\_\_ If applicable \_\_\_\_\_

If Remarried, \_\_\_\_\_  
remarried name \_\_\_\_\_

### STUDENT INFORMATION

**Child's Name** \_\_\_\_\_ **Roman Catholic?**  Yes  No -

Gender: \_\_\_\_\_

Birth Date: \_\_\_\_\_

FF Grade in 2019/20: \_\_\_\_\_

FF Session: \_\_\_\_\_

School: \_\_\_\_\_

**Sacrament Details** Date Location

Baptism: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Reconciliation Preparation Completed

Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):

\_\_\_\_\_  
\_\_\_\_\_

**If your family was not registered in St. Jane Frances' program last year, where were they enrolled**

\_\_\_\_\_

\* the information filled in on this page is what we currently have on our computer system. By correcting the information, we will update our records, and we can supply you an updated record upon request.



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### MEDIA RELEASE

**I give permission for my child's name and/or image to be used by St. Jane Frances Parish.**

**Image**  Yes  No

**Print Name**  Yes  No

### **RECOGNIZING THAT I AM MY CHILD'S PRIMARY TEACHER OF THE FAITH,**

I am choosing the Faith Formation Program through St. Jane Frances de Chantal, for my child, which includes a family component, and I will be actively involved in helping him/her grow in the Catholic faith.

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.**

### **TUITION RATES 2019/2020**

First Child: \$100.00  
Each Add'l Child: \$50.00

Tuition is needed at the time of registration.  
If payment in full will put a financial strain on you,  
please make an appointment with the Faith Formation Director (FFD)  
to set up a payment plan.

If you require tuition assistance, please speak with the FFD.

Please mail-in or drop off the completed document, signed, to the parish office with payment.

Questions ? You can:  
e-mail us at [FaithFormation@sjfparish.org](mailto:FaithFormation@sjfparish.org)  
**OR** call us in the office at **(586) 977-8080**

### Office Use Only

Amount Due \$ \_\_\_\_\_ Total Paid \$ \_\_\_\_\_

Date: \_\_\_\_\_ Check# \_\_\_\_\_ or  Cash

Balance Due: \$ \_\_\_\_\_

Baptismal Record on File:  Yes  No

Database Verified and Changes Entered  Yes  No