



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

*****NEW FAMILY FORM*****

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 _____

1st STUDENT'S INFORMATION

Child's Name _____ **Roman Catholic?** Yes No -

Gender: _____ **Sacrament Details** Date Location

Birth Date: _____ Baptism: _____

FF Grade in 2019/20: _____ Eucharist: _____

FF Session: _____ Reconciliation Preparation Completed

School: _____ Confirmation: _____

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

2nd STUDENT'S INFORMATION

Child's Name _____ **Roman Catholic?** Yes No -

Gender: _____ **Sacrament Details** Date Location

Birth Date: _____ Baptism: _____

FF Grade in 2019/20: _____ Eucharist: _____

FF Session: _____ Reconciliation Preparation Completed

School: _____ Confirmation: _____

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

3rd STUDENT'S INFORMATION

Child's Name _____ **Roman Catholic?** Yes No -

Gender: _____ **Sacrament Details** Date Location

Birth Date: _____ Baptism: _____

FF Grade in 2019/20: _____ Eucharist: _____

FF Session: _____ Reconciliation Preparation Completed

School: _____ Confirmation: _____

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



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*****NEW FAMILY FORM*****

4th STUDENT'S INFORMATION

Child's Name _____

Gender: _____

Birth Date: _____

FF Grade in 2019/20: _____

FF Session: _____

School: _____

Roman Catholic? Yes No - _____

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

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.

The information filled in on this form, will be compared with what we currently have on our computer system. We will double check the information; have you sign an individual student record and (upon request) print you a copy for your records

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

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