

REGISTRATION

Family Faith Sharing Program 2009-2010
Form for Catechist's Children
3 years old to Grade 8

Class schedule:

Sunday School Sun. 10:00 AM
Grades 1-6 Sun. 11:30AM-12:45PM
Mon. 5:15-6:30PM
Grades 7-8 Sun. 6:30-8:00 PM
H. S. Youth Group: Check www.stjohnfisherparish.org

For office use:

Amount due: _____
Amount paid: _____
Date: _____
Check #: _____
Receipt sent _____

Family Last Name: _____ Home Phone: _____ E-Mail: _____

Address: _____ City: _____ Zip: _____ SJF Membership # _____

Parents: Father's Name: _____ Cell Phone: _____ Work phone: _____

Mother's Name: _____ Cell Phone: _____ Work phone: _____

Student's First and Last Name **M/F** **Birthdate** **Grade in 2009-2010** **Special Needs**

1. _____

For office use:
Class assignment: _____

CLASS

1st choice _____ 2nd choice _____

2. _____

For office use:
Class assignment: _____

CLASS

1st choice _____ 2nd choice _____

3. _____

For office use:
Class assignment: _____

CLASS

1st choice _____ 2nd choice _____

Fees: Catechists Receive a Fee Reduction TBD

Catechists: Name _____

_____ I am willing to teach in 2009-2010

Grade Requested _____

Time: _____ or _____

Complete this section if your child needs Sacrament Preparation in 2009-2010

Name: _____ Sacrament: _____ Baptized at SJF? _____

Name: _____ Sacrament: _____ Baptized at SJF? _____

Name: _____ Sacrament: _____ Baptized at SJF? _____