

St Jude Thaddeus Church

2019-2020 Confirmation REGISTRATION

PAYMENT AND REGISTRATION FORM

DUE: ON OR BEFORE April 30, 2019

(\$25 late fee after April 30, 2019)

Bring to Office of Faith Formation in Parish Center.

Candidate/ Family Information

Candidate's Last Name: _____ First Name: _____

Candidate's Date of Birth: _____ Male/Female: _____

Candidate's High School (Fall of 2019): _____ Grade: ____

Family Faith Formation History – Last Grade Completed: _____ **Parish:** _____

FAMILY LAST NAME: _____

FATHER'S LAST NAME: _____ FIRST NAME: _____

MOTHER'S NAME: _____ FIRST NAME: _____
(Maiden) (Last)

Address: _____

Home Phone: _____ Primary Cell: _____

Mother's E-mail: _____ Father's E-mail: _____

Please put an (*) next to primary e-mail for communication.

EMERGENCY CONTACT INFORMATION

Mother's Business Phone: _____ Father's Business Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Additional Emergency Contact Name: _____ Relation to child: _____

Emergency Contact Phone/Cell: _____

MAKE CHECKS PAYABLE TO: ST. JUDE CHURCH

Tuition Fees:

- 1 Child \$150
- 2 Children \$225
- 3 Children \$275
- Add Sacrament Fee for 10th Grade \$25
- Registration Received after April 30, 2019 will receive a \$25.00 late fee

Tuition payment is expected at time of registration. Families experiencing financial difficulties are encouraged to contact the Director of Christian Faith Formation Laurice Bonannella (973) 691-0317 to discuss. Finances should never come in the way of a child's participation in our Faith Formation program.

Photo Release: I give permission for my child/children to be photographed during class times and other program events. I understand that these images may be used in a display inside church property and/or posted on the parish website, and/or may be submitted to local newspapers.

Parent Signature: _____ Date: _____

SACRAMENT HISTORY: (New students)

A copy of your child's Baptismal certificate must be submitted to the Christian Faith Formation Office.

DATE OF BAPTISM: _____ **PARISH:** _____ **CITY AND STATE:** _____

DATE OF FIRST EUCHARIST: _____ **PARISH:** _____ **CITY AND STATE:** _____

Does your candidate have any special needs (Allergies/Medical Conditions, Learning Disabilities, etc.). Please be specific. Use separate page if needed.

VOLUNTEER OPPORTUNITIES

Please check all areas that you are considering. We welcome your participation in the program.

- Catechist Co-Catechist Youth Ministry Aide
 Occasional Assistance – Special Projects, Events

Name: _____ Phone: _____ E-mail: _____