

FAITH FORMATION 2019-2020

NEW STUDENT REGISTRATION

(Parents must be registered members of St. Cecilia Church)

NEW STUDENT : For students who did not attend St. Cecilia's Faith Formation Program last year.

HOME SCHOOL PROGRAM: Students who will be in **Grade 2** or in **Grades 7-11** may **not** be home schooled. These grades involve First Communion or Confirmation and are participatory by design.

Family Last Name: _____ Parent/Guardian Names: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ (E-Mail is our primary source of communication)

| Student Name (First & Last) | M/F | Date of Birth | Grade in Sept. 2019 | Circle Faith Formation Choice for Your Child |
|-----------------------------|-----|---------------|---------------------|--|
| | | | | Regular Program/Home School |

| Has your Child Been: | Yes/No | Name of Church | City/State | Year |
|--------------------------|--------|----------------|------------|------|
| Baptized * | | | | |
| Received First Communion | | | | |

*If your child was **not** Baptized at Saint Cecilia's please attach a **COPY** of the Baptismal Certificate.

There is NO TUITION for children of Faith Formation Teachers and Hall Monitors!

Would you be willing to *teach* a class? **Yes/No** If yes, which grade (1-8)? _____

Would you be willing to be a *substitute teacher*, if needed? **Yes/No** If yes, which grade (1-8)? _____

Would you be willing to be a *hall monitor*? **Yes/No** (Grades 1-6) Hall Monitors will be asked to sub in classes.

Your Name: _____ (If answered yes to any of the above)

Tuition:

- 1 student: \$65.00
- 2 students: \$110.00
- 3 or more students: \$150.00

Make checks payable to *St. Cecilia Church*

and mail to: **Saint Cecilia Church**
Faith Formation Office
42 Main Street
Wilbraham, MA 01095
Attn: Rosemary Oldread

Please call Rosemary Oldread in the Faith Formation Office (596-4232 x113) with any questions.

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| For Office use only: Date Received _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Amount _____ <input type="checkbox"/> Baptism <input type="checkbox"/> List <input type="checkbox"/> Computer <input type="checkbox"/> Home School <input type="checkbox"/> Teacher <input type="checkbox"/> Hall Monitor <input type="checkbox"/> Substitute |
|--|