

ST. MARK CATHOLIC CHURCH

Faith Formation for Youth/Formación de Fe de Jovenes

CONTACTS:

Anne Doyle, Director— 392-0720, ext. 229 or ffy@stmarkcatholicchurch.com
 Cathie Welch, 392-0720, ext. 249 or staffassistant@stmarkcatholicchurch.com

OFFICE USE ONLY:

FEE \$ _____

DATE PAID _____

CASH/CH# _____

Received by _____

THE FAMILY FEES FOR 2009-2010 PROGRAMS ARE:

ONE CHILD/ UN NIÑO(A) \$ 50.00	Fees will be prorated for families who move/arrive late to register their children after January 1, 2010
TWO CHILDREN/DOS NIÑOS (AS) \$ 75.00	
THREE OR MORE/ TRES O MAS \$ 90.00	
CHILDREN NIÑOS (AS)	

REGISTRATION AND PAYMENT DUE BY AUGUST 30, 2009

PLEASE FILL OUT THIS FORM COMPLETELY AND NEATLY. THIS INFORMATION IS NECESSARY FOR OUR RECORDS AND TO ENSURE THAT YOUR CHILDREN ARE PLACED IN THE CORRECT CLASSES AND THAT ENOUGH MATERIALS ARE ORDERED FOR THE CHILDREN ENROLLED IN THIS YEAR'S PROGRAMS

FAMILY/FAMILIA
 LAST NAME/ APELLIDO: _____
 Registered at St. Mark ? Miembros registrados en St. Mark ___Y___N

FATHER/PAPÁ: _____ MOTHER/MAMÁ: _____

ADDRESS/DIRECCIÓN: _____

CITY/CIUDAD: _____ ZIP: _____ PHONE: _____

E-MAIL: _____

CELLWORK #/ # CELULAR DEL TRABAJO
 mom/mamá) _____ (dad/papá) _____

LITTLE LAMBS-AGES 3-5
 Sunday 9:30 AM

FFY (GRADES 1 thru 5)
 Sunday 11:00 AM-12:15 PM

~~~~~

**If you are interested in the Good Shepherd Program for your 3-6 year old . . . Please get a registration form from the FFY Office.**

**In addition to the Family Fee, there is an additional fee of \$10.00 per child for Good Shepherd.**

~~~~~

If you have children in Middle or High School, you will need to contact the Youth Minister, John Paul Lyons 392-0720, ext. 234 OR ym@stmarkcatholicchurch.com

BAPTISMAL CERTIFICATES ARE REQUIRED FOR ALL CHILDREN ENROLLED IN PROGRAMS
 (If child(ren) need(s) Baptism, please let us know so we can get you enrolled in a preparation class.)

CERTIFICADOS DE BAUTISMO ES NECESARIO PARA INSCRIBIR A LOS NIÑOS EN EL PROGAMA
 (Si el niño (a) no está bautizado, favor de informarnos, para prepararlo para el bautizo también.)

Please PRINT each child's first AND last name, date of birth, age, grade during the 09-10 yr. and check M or F.
 En letra de MOLDE escriba el Primer Nombre y Apellido, fecha de Nacimiento, Edad, Grado, sexo del Niño (a)

#1 _____ D.O.B.(F. de Nac.) _____ CURRENT AGE/EDAD: _____ GRADE for 09-10: _____

Male ___ Female ___ Does child have allergies or special needs?(Alergias o necesidades Especiales) _____

SACRAMENTS ALREADY RECEIVED/SACRAMETNOS RECIBIDOS:

BAPTISM/BAUTISMO RECONCILIATION/RECONCILIACIÓN
 COMMUNION/COMUNIÓN CONFIRMATION/CONFIRMACIÓN

SACRAMENTS NEEDED THIS YEAR/SACRAMENTOS QUE NECESITA ESTA AÑO _____

#2 _____ D.O.B.(F. de Nac.) _____ CURRENT AGE/EDAD: _____ GRADE for 09-10: _____

Male ___ Female ___ Does child have allergies or special needs?(Alergias o necesidades Especiales) _____

SACRAMENTS ALREADY RECEIVED/SACRAMETNOS RECIBIDOS:

BAPTISM/BAUTISMO RECONCILIATION/RECONCILIACIÓN
 COMMUNION/COMUNIÓN CONFIRMATION/CONFIRMACIÓN

SACRAMENTS NEEDED THIS YEAR/SACRAMENTOS QUE NECESITA ESTA AÑO _____

PLEASE LIST ADDITIONAL CHILDREN AND INFORMATION ON THE REVERSE OF THIS FORM