

ST. MARK CATHOLIC CHURCH

Faith Formation for Youth

CONTACT:

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

OFFICE USE ONLY:

FEE \$ _____

DATE PAID _____

CASH/CH# _____

Received by _____

THE FAMILY FEES FOR 2010-2011 PROGRAMS ARE:

ONE CHILD	\$ 50.00	Fees will be prorated for families who move/arrive late to register their children after January 1, 2010
TWO CHILDREN	\$ 75.00	
THREE OR MORE CHILDREN	\$ 90.00	

REGISTRATION AND PAYMENT DUE BY AUGUST 30, 2010

FFY (GRADES 1 thru 5)
Please use **THIS FORM**
and fill out completely

Which session will your child(ren) be attending?

WEDNESDAYS

Afternoons 4:15-5:30 PM _____

Evenings 6:30-7:45 PM _____

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**LITTLE LAMBS-AGES 3-5**  
Please pick up a separate form.

**GOOD SHEPHERD-AGES 3-6**  
Please pick up a separate form.

**Additional Fees apply for  
Preschool programs**

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 LAST NAME: \_\_\_\_\_ Is your family currently registered at St. Mark?     Y     N

FATHER: \_\_\_\_\_ MOTHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CELL or WORK #(mom) \_\_\_\_\_ (dad) \_\_\_\_\_

ALTERNATE EMERGENCY # \_\_\_\_\_

**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.)

Please PRINT each child's first AND last name, date of birth, age, grade during the 2010-11yr. and check M or F.

#1 \_\_\_\_\_ D.O.B. \_\_\_\_\_ CURRENT AGE: \_\_\_\_\_ GRADE for 10-11: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Does child have allergies or special needs? \_\_\_\_\_

SACRAMENTS ALREADY RECEIVED: BAPTISM  RECONCILIATION  COMMUNION  CONFIRMATION

SACRAMENTS NEEDED THIS YEAR \_\_\_\_\_

#2 \_\_\_\_\_ D.O.B. \_\_\_\_\_ CURRENT AGE: \_\_\_\_\_ GRADE for 10-11: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Does child have allergies or special needs? \_\_\_\_\_

SACRAMENTS ALREADY RECEIVED: BAPTISM  RECONCILIATION  COMMUNION  CONFIRMATION

SACRAMENTS NEEDED THIS YEAR \_\_\_\_\_