

2010 – 2011 Faith Formation Registration Preschool through 10th Grade

PART I

Parent's First Name(s): _____ Parent's Last Name: _____

Street Address: _____ City and Zip: _____

Phone Numbers: Home: _____ Work: _____ Cell Phone: _____

Family E-mail: _____

Are you parishioners of the Church of Saint Joseph? Yes No

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1. Student's First and Last Name: _____ 2010-2011 Student Grade: _____
 School Student Attends: _____ Type of instruction for this child: Classroom In Home
 Academic concerns that might affect classroom experience: (please explain if any)

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2. Student's First and Last Name: _____ 2010-2011 Student Grade: _____
 School Student Attends: _____ Type of instruction for this child: Classroom In Home
 Academic concerns that might affect classroom experience: (please explain if any)

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3. Student's First and Last Name: _____ 2010-2011 Student Grade: _____
 School Student Attends: _____ Type of instruction for this child: Classroom In Home
 Academic concerns that might affect classroom experience: (please explain if any)

Faith Formation Tuition and Fees:

***If payment of tuition presents a difficulty for your family, please contact the Faith Formation Office for options.*

Classroom instruction for preschool through grade 10	COST PER STUDENT	# OF STUDENTS	TOTAL COST
<u>Sunday Preschool Registration Fee</u>	\$30.00 per student		
Grades 1-10 fee	\$75.00 per student		
In-home instruction fee for grades 1 and 3-8	\$20.00 per student		
Sacramental fee for 2 nd and 10 th graders	\$30.00 per student		
	Total Tuition and Fees:		

Please make checks payable to the "Church of Saint Joseph" and mail to: Faith Formation Registration
 Church of Saint Joseph
 12 West Minnesota Street
 St. Joseph, MN 56374

REGISTRATION INCLUDES PART II: VOLUNTEER SURVEY (ON THE BACK) FOR ALL FAMILIES!

OFFICE USE ONLY			
Date Registration Received: _____	Initials: _____	Amount received: _____	
Method: Cash: _____	Check #: _____	Date: _____	
Credit: _____	Remaining Balance: _____		

Faith Formation Parent Volunteer Inventory 2010-2011

PART II

All parents are asked to share their time in our Faith Formation Program in at least one area.
Please indicate below your area of preference.

Parent(s)'s Name(s): _____

Child(ren)'s Names: _____ Children's Grades: _____

Home Phone: _____ Cell Phone: _____

CLASSROOM HELP

___ Teacher* (Specify grade____)

**Please specify if there is a teacher you would
like to teach with _____.*

___ Assistant Teacher (Specify grade____)

___ Substitute Teacher

___ Help teach in the Sunday Pre-school Program

COMMUNICATIONS

___ Assist with photography at events

___ Help design flyers and do publicity

SUPPORT SERVICES

___ Daytime office help

___ Evening office help

___ Safety Patrol

___ Make telephone contacts

___ Chaperone events

___ Hospitality/refreshments for events

RETREATS/SPECIAL EVENTS

___ Help implement Vacation Bible School

___ Help implement Parent Nights

___ Help implement Advent Family Fun Night

___ Help implement the First Reconciliation Retreat

___ Help implement the First Eucharist Retreat

___ Help implement the Confirmation Retreat

___ Help implement Confirmation Large Groups

___ Help implement Adult Formation events

COMMITTEES

___ Vacation Bible School Committee

Assist in planning VBS from April - July

___ Faith Formation Committee

*Collaborate with Faith Formation Director in
planning and implementing the FF Program*