



St. Kateri Tekakwitha Parish
2216 Rosa Road
Schenectady, New York 12309
Ph: 346-6137 | Fax: 346-5390

2017-2018 FAITH FORMATION & YOUTH MINISTRY REGISTRATION FORM

REGISTRATION FEES BY SEPT 30, 2017:

\$70 for 1 child \$110 for family \$35 for sacramental prep
Make check payable to: **ST. KATERI TEKAKWITHA PARISH.**

REGISTRATION FEES AS OF OCTOBER 1, 2017 WILL BE:

\$80 for 1 child \$120 for family \$35 for sacramental prep
Please include payment with the registration form.

FAMILY LAST NAME _____

ADDRESS _____ **CITY, ST** _____ **ZIP** _____

HOME PHONE _____ **PREFERRED EMAIL:** _____

Are you currently registered as a parishioner at St. Kateri Tekakwitha? Yes No If No, Where? _____

=====PARENTS/GUARDIANS=====

RELATIONSHIP TO CHILD: _____ RELATIONSHIP TO CHILD: _____

NAME: _____ NAME: _____

BUSINESS: _____ BUSINESS: _____

BUS PHONE: (____) _____ BUS PHONE: (____) _____

CELL PHONE: (____) _____ CELL PHONE: (____) _____

RELIGION: _____ RELIGION: _____

MARITAL STATUS: _____ MARITAL STATUS: _____

EMAIL: _____ EMAIL: _____

=====PERMISSION TO TEXT=====

In the event of an emergency or cancellation, I agree to allow the St. Kateri Parish Data System to alert me via text.

YES ___ NO ___ SIGNATURE _____ CELL SERVICE PROVIDER: _____

=====NON-PARENT EMERGENCY CONTACT=====

If you are unable to reach me, and need to reach someone immediately, please contact the following:

NAME: _____ HOME PHONE:(____) _____

RELATIONSHIP: _____ CELL PHONE:(____) _____

=====NON-PARENT PICK-UP CONTACTS=====

If I am unable to pick up my child(ren), the following people ARE permitted to pick them up:

NAME: _____ RELATION: _____ PHONE # _____

NAME: _____ RELATION: _____ PHONE # _____

NAME: _____ RELATION: _____ PHONE # _____

NAME: _____ RELATION: _____ PHONE # _____

If you have additional contacts allowed at pick-up, please attach them. Children will not be released to parties without parent approval.

=====PHOTO RELEASE=====

I grant permission to the Faith Formation & Youth Ministry staff and its designates representatives to take photos and video of my child(ren) for use in parish publications, parish website, and social media. YES ___ NO ___

SIGNATURE: _____ DATE: _____

=====VOLUNTEER OPPORTUNITIES=====

I am interested in serving as: ___ Catechist ___ Substitute Catechist ___ Catechist Aide ___ Safety Monitor
For: ___ Faith Formation (Pre-K – Grade 5) ___ Youth Ministry (Grades 6-11)

“The Sunday celebration of the Eucharist is at the heart of the Church’s life.”- Catechism of the Catholic Church

*****STUDENT INFORMATION*****

STUDENT FIRST NAME: _____ STUDENT LAST NAME (if different): _____
GRADE IN THE FALL: _____ SEX: _____ SCHOOL: _____
BIRTH DATE: _____ BIRTH PLACE: _____
BAPTISM DATE & LOCATION: _____

IF YOUR CHILD WAS NOT BAPTIZED HERE, WE WILL NEED A COPY OF THEIR BAPTISMAL CERTIFICATE ON FILE.

PLEASE INDICATE YOUR CHOICE:

Ages 3-6/K-1 (CGS) SUNDAY ROSA ROAD 1:00 – 2:30 PM _____
Ages 3-6/K-1 (CGS) TUESDAY ROSA ROAD 4:00 – 5:30 PM _____

GRADES 1 THRU 5 SUNDAY UNION STREET 11:15 AM – 12:30 PM _____
GRADES 1 THRU 5 TUESDAY ROSA ROAD 4:00 – 5:15 PM _____

Families whose children will receive First Eucharist this year will also pay the sacramental materials prep fee.

GRADES 6 THRU 9 SUNDAY UNION STREET 11:15 AM – 12:30 PM _____
GRADES 6 THRU 9 SUNDAY ROSA ROAD 6:15 – 7:30 PM _____
GRADE 10 Confirmation Prep SUNDAY ROSA ROAD 6:00 – 7:30 PM _____
GRADE 11 Fall 2017 Confirmation* _____

**The sacramental preparations materials fee is \$35, used for the Summer Retreat, Service Day, and Confirmation Day.*

Please Note: In two-child households, the tuition cost for one in K-8 is \$70 and one making Fall Confirmation is \$35. If the single child is making Fall Confirmation, then only the \$35 fee is required.

If your child has anaphylactic allergies, special needs, or ADA needs, you MUST submit the HEALTH NEEDS FORM.

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BAPTISM DATE & LOCATION: _____

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- PLEASE REPRINT THIS PAGE AS NEEDED FOR ANY ADDITIONAL CHILDREN YOU ARE REGISTERING -

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