

# 2018/19 Family Registration Christ Our Hope Faith Formation

Please return with your completed "Family Faith Formation Opportunities" form by August 22 to: **COH Faith Formation, P.O Box 119, Lawler, IA 52154**

## Primary Parent/Guardian Basic Information

Parent Last Name \_\_\_\_\_ First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Parish: \_\_\_\_\_

## Emergency Contact Information

It is very important that you provide a current email address, cell phone number, and cell phone carrier. We will use this information as the primary way to communicate to you about faith formation opportunities.

E-MAIL ADDRESS \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ C P Provider (U.S. Cellular, Verizon, etc) \_\_\_\_\_

Emergency Contact Person (**not parent**): \_\_\_\_\_ Phone #: \_\_\_\_\_

Relation to student of Contact person: \_\_\_\_\_

**YOUTH**—Please list all youth in your household from newborn to 12<sup>th</sup> grade.

**Name**                      **Age/Grade**    **Additional Info** (Allergies, Asthma, etc.)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_

**To best meet the educational needs of your children, please answer the following questions so we can make needed accommodations.**

*Do any of the children enrolled have chronic illnesses or physical limitations?*                      Yes    No

*Do any of the children have any type of learning difficulty?*                      Yes    No

*Do any of the children attend special education classes or utilize a 504 or IEP Plan in the public school?*    Yes    No

*If yes to any of these questions, please give the name of the child, and how we can help:*

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**Please Complete and Sign Page 2 of this Form**

**If Separate Households Please List Additional Information** – It is our goal to keep both parents of our students informed about our programs. We would appreciate your help in reaching this goal by completing the following information.

Adult's Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Sacraments of Initiation**

The faith formation office offers sacramental preparation for First Reconciliation/First Holy Communion (typically done in 2<sup>nd</sup> grade) and Confirmation (11<sup>th</sup> grade) for those who have been previously prepared for these courses. There is an additional fee of \$40 per child for these sacramental preparation courses to cover the cost of textbooks and supplies.

Student Name

Sacrament(s) this year

Grade

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### **Program Fees**

There is no fee for students currently enrolled in a Catholic School to attend the *Journey with Christ* program. Tuition expense includes all textbook user fees, as each student will use textbooks in their class.

Journey with Christ (Kindergarten-11<sup>th</sup> grade) and Catechesis of the Good Shepherd (age 3-Kindergarten):

Tuition Fees for child number 1-4: # students \_\_\_\_\_ X \$55 = \_\_\_\_\_

Tuition Fee for each child above the first 4 in the program: # student \_\_\_\_\_ X \$20 = \_\_\_\_\_

Sacramental Preparation: # of students \_\_\_\_\_ x \$40 = \_\_\_\_\_

There is no fee to participate in any of the adult formation sessions, whole family formation sessions, Signs of Christ, or HerStory in Christ. Free Will Donation Accepted \_\_\_\_\_

Our program depends on full payment of all tuition and sacramental prep fees. If these fees create a financial burden, please contact Martin at the faith formation office at 563-238-5004 or m.ahrndt@dbqarch.org.

**Total Due:** \_\_\_\_\_ **Payment is Enclosed:** \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO "COH Faith Formation"**

**Media Release and Authorization:** I understand that by signing this Release and Authorization I hereby grant authority to Christ Our Hope for the use of any video tapes, photographs or similar items in which my child/children might appear, or statements made by them, in the production or display or sale of public service announcements, newsletter and websites. I also hereby release Christ Our Hope from any claims that may be made by me based upon multiple use of this material.

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_