

St. Casimir Catholic Church

934 Geranium Ave East

St. Paul, MN 55106

<ul style="list-style-type: none"> • Office use only <p>Amount Due: _____</p> <p>Amount Paid: _____</p> <p>Balance: _____</p>

Faith Formation Registration

(\$45 per Child, \$65 more than 1, \$55 first sacraments, \$75 Confirmation)

Name of Parent (s)/Guardian(s): _____

Address: _____

City: _____ Postal Code: _____

E-mail: _____

Home Phone: _____ Cell Phone: _____

Registered Parishioner of St. Casimir? Yes ___ No ___ Children live with: _____

(Please indicate both parents/mother/father/guardian.)

Children to be enrolled: (Grades K-9)

Grade (2017/2018)	Student's full name	Gender M/F & Age	Date of Birth	School Student Attends	Returning from Last Year?

Please check if you have a child in Grade 3 or above who has not received the Sacrament of Baptism, Reconciliation or Eucharist so that we may discuss options with you.

Please check if you would like to speak to a coordinator in confidence regarding your child or any special needs.

Medical Information

Any Medical, Learning, Behavioral Issues or Dietary needs we should be aware of?

Name Student and Specify:

Emergency Contact (name & phone number): _____

In the event of a Medical/Dental Emergency & I cannot be reached, I authorize emergency treatment to be administered to any Child(ren) listed on this form.

Signature of Parent/Guardian: _____ Date: _____

YES, I CAN VOLUNTEER IN THE FAITH FORMATION MINISTRIES:

Please check all that apply.

Grade K-9 Catechist _____ Children’s Liturgy of the Word 9AM _____

Grade K-9 Assistant _____ Wednesday evening hall/door monitor _____

Grade 1-9 Substitute _____

Helping with Sacramental Preparation for: Eucharist _____ Reconciliation _____ Confirmation _____

Your Name: _____ Phone Number: _____