

**SHRINE OF ST JUDE  
FAITH FORMATION  
REGISTRATION 2017-2018**



**Registration Fee: ENGLISH**  
 One child: \$100 **(before August 15: \$75, \$140, \$190)**  
 Two children: \$160 \$20 a month, please [ ]  
 Three or more children: \$210 PAID \_\_\_\_\_  
 Tuition Assistance Requested \_\_\_\_\_

**Office: 301-949-2336; FAX: 301-946-4527; email: faithformation@stjuderockville.org**

**Family Name:** \_\_\_\_\_ **Date of Registration:** \_\_\_\_\_  
 (Or last name of oldest child)

Parent/Guardian/Adult responsible for Faith Formation: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

We are registered members of:  St Jude  Other parish: \_\_\_\_\_

Parent/Guardian/Adult: **Is this your first year with the program?**  Yes  No

**Email:** \_\_\_\_\_ **Whose:** \_\_\_\_\_

Father's Name \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Languages Spoken in the home: \_\_\_\_\_

Full Name of Students Registering (First, Middle, Last)	Gender M or F	Grade in School 2017-2018	Date of Birth mm/dd/yy	Check one			Check all needed			Name of School Attending:
				Sun (K-8) 9 – 10:15 am	Mon (1-5) 5:15-6:30 pm	Mon (6-12) 7:15-8:30 pm	Needs Baptism	Needs 1st Communion	Needs Confirmation	
1. Full Name										
2. Full Name										
3. Full Name										
4. Full Name										
5. Full Name										
6. Full Name										

**Additional Notes** (learning disabilities, allergies, other things we should know about children):

**OFFICE USE ONLY:**  
 Date of Registration \_\_\_\_\_ Tuition: \_\_\_\_\_ Paid: \_\_\_\_\_ Cash, PayPal, Ck# \_\_\_\_\_ Balance Due: \_\_\_\_\_  
 \_\_\_\_\_ Tuition Assistance Requested \$20 a month please: \_\_\_\_\_ At registration \_\_\_\_\_ Aug. \_\_\_\_\_ Sept. \_\_\_\_\_ Oct. \_\_\_\_\_ Nov. \_\_\_\_\_  
 \_\_\_\_\_ Dec. \_\_\_\_\_ Jan. \_\_\_\_\_ Feb. \_\_\_\_\_ March \_\_\_\_\_  
 Baptismal Certificate Copy: [ ] yes [ ] no

## EMERGENCY RELEASE FORM 2017-2018

In the event that your child(ren) has (have) a serious accident, or an emergency arises and we are unable to contact you, PLEASE FILL OUT THE FOLLOWING release form that we may act for you without legal constraints. When returned, it will be placed in your family file

In the event that your child (ren), \_\_\_\_\_

(Print names) \_\_\_\_\_

Has (have) an accident or emergency requiring medical attention arises and St. Jude Faith Formation is unable to contact me, St. Jude Faith Formation has my permission to seek any medical help it deems necessary.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent or Guardian

Comments: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Emergency Contact, other than parents:**

\_\_\_\_\_ Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### PHOTO RELEASE PERMISSION

As a parent or guardian of student on this form, I hereby consent to the use of photographs/ videotape taken during the school year 2017-2018, for publicity, promotional and/or educational purposes on the parish website, Facebook and breezeway monitor. I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

\_\_\_\_\_ Yes, I give consent for St. Jude to photograph my child for parish purposes and/or at parish events.

\_\_\_\_\_ No, I do not authorize St. Jude to photograph my child for any event.

Students' Names: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SACRAMENT INFORMATION OF NEW FAMILIES PLEASE ATTACH COPY OF CHILDREN'S BAPTISMAL CERTIFICATES

Full Name	Baptized Y or N	Church/location/date of Baptism	Recon- ciliation Y or N	Eucharist Y or N	Confir- mation Y or N	Married in Catholic Church
Father						
Mother						
Child						
Child						
Child						
Child						