



Registration Form

St. John Brebeuf Parish



Faith First Religious Education Program 2017-2018

DATE: _____

Office use only:
 CHQ: _____ CASH: _____
 \$ _____
 Initial: _____
 Receipt #: _____

**(No refund on registration fees (levels 1-6) \$100 per child, maximum \$200 per family)
 (If you re-register after June 30th fees will be \$125 per child, maximum \$225 per family)**

Parent Information:

Father: _____ Mother: _____
 Family name First name Family name First name

Address: _____ apt#: _____

City: _____ Postal Code: _____

With whom should we communicate? : Mother Father Both

Daytime phone: () _____

Evening phone: () _____

Mom's email: _____

Dad's email: _____

Contact information for Saturday or Sunday mornings

Mother's cell: () _____

Father's cell: () _____

Requests (Parents who are Carpooling/or other): _____

1ST Child Information:

Last name: _____ First name: _____

Date of birth: D _____ M _____ Y _____ School: _____ Grade (as of Sept 2017): _____

Was this child in the faith first program last year (2016-2017)? *Please circle:* Yes / No

If yes, which level was your child in last year:? Level: _____

If child was not in Faith First at St. John Brebeuf, which parish? _____

Church where child was Baptized: _____ City: _____

Has your child made any of these sacraments? (please indicate below by writing yes or no)

BAPTISM	CONFESSION	1 st COMMUNION	CONFIRMATION

Please indicate any allergies: _____

2nd Child Information:

Last name: _____ First name: _____

Date of birth: D____M____Y____ School: _____ Grade (as of Sept 2017): _____

Was this child in the faith first program last year (2016-2017)? *Please circle:* Yes / No

If yes, which level was your child in last year:? Level: _____

If child was not in Faith First at St. John Brebeuf, which parish? _____

Church where child was Baptized: _____ City: _____

Has your child made any of these sacraments? (please indicate below by writing yes or no)

BAPTISM	CONFESSION	1 st COMMUNION	CONFIRMATION

Please indicate any allergies: _____

3rd Child Information:

Last name: _____ First name: _____

Date of birth: D____M____Y____ School: _____ Grade (as of Sept 2017): _____

Was this child in the faith first program last year (2016-2017)? *Please circle:* Yes / No

If yes, which level was your child in last year:? Level: _____

If child was not in Faith First at St. John Brebeuf, which parish? _____

Church where child was Baptized: _____ City: _____

Has your child made any of these sacraments? (please indicate below by writing yes or no)

BAPTISM	CONFESSION	1 st COMMUNION	CONFIRMATION

Please indicate any allergies: _____

Parent's Sign-up Sheet

PLEASE DO NOT DETACH



FAITH FIRST
Religious Education Program
2017-2018



Please note: Parental participation is essential for the success of the program

Name of Parent: _____

Daytime phone: _____

Evening phone: _____

E-mail: _____

Names of child(ren) _____

I will participate as (Please circle below)
 (If more than one please indicate order of preference: 1, 2 or 3)

Task	Description	Preference
Catechist	Teacher, interacting with the children once a month. Please be sure that you can commit to these tasks as in the past we have been left with no Catechists or helpers for some groups.	
Catechist Helper	Helping Catechist, interacting with the children once a month. Please be sure that you can commit to these tasks as in the past we have been left with no Catechists or helpers for some groups.	
Hospitality	Preparing and distributing snacks at Children's Saturday or Sunday meeting	
Baking	For Christmas concert and special occasions	