



**EDGE**

# Grades 6-8 Faith Formation Classes Registration for 2018-2019

*This form should be completed annually for every Faith Formation participant.*

**Application Deadline: Sept. 7th, 2018**

## Household Information

Family Last Name \_\_\_\_\_ (H) Phone \_\_\_\_\_

Address \_\_\_\_\_

Guardian/Parent First Name \_\_\_\_\_ (W) Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Guardian/Parent First Name \_\_\_\_\_ (W) Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

preferred contact (phone, email, or text messaging): \_\_\_\_\_ text? Y \_\_\_ N \_\_\_

### **Please note:**

- *Email is our preferred and most efficient way to keep you informed. Please let us know if you do not wish to receive email from us.*
- *Texting is another communication option. Make sure to specify which phone number to use.*
- *We will be taking photos throughout the year to use in our publications. Please notify the office if you do not want your images used.*

## Volunteers Needed!

*In order to have a successful program, we need your help. No teaching experience is necessary— just a willingness to share your faith with the students. Please take some time to consider the gift of your time. Teens learn about their faith better in small groups and we need volunteers to make that happen!*

- **Edge Team Members** are willing to work together to coordinate our Edge nights. (formerly called catechists)
- **Edge Volunteers** are present as helpers during the Edge nights. (formerly called aides)
- **Spark project helpers:** This is a one time commitment to help with the service project associated with each Spark night.

*Virtus training is required for all who work with youth. **As a thank you those who make the commitment to the weekly classes, registration fees are waived.***

**I am interested in helping! Grade \_\_\_\_\_ (please circle)      Team member      Volunteer      Spark Project helper**

## Fees

- **Faith formation classes** (fee covers all activities and materials):  
 \_\_\_\_\_ \$50/ student (maximum \$150 per family— including students in grades 1-5 and Sunday School) paid annually  
 \_\_\_\_\_ Scholarship requested  
 \_\_\_\_\_ Edge Team member or Volunteer (fees waived)

*Continued on other side*

**For Office use only:**

Date received: \_\_\_\_\_ Check \_\_\_\_\_ (# \_\_\_\_\_ ) Cash \_\_\_\_\_ Waived \_\_\_\_\_ Scholarship \_\_\_\_\_

# Student Information

Please fill out a section for each student. Wed. classes are required for those who do not attend Catholic schools. **All youth are welcome!**

Student's name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's email: \_\_\_\_\_

*(any email to students will be cc'd to the parent)*

Class time: 6:30-7:30 pm

Please list your after-school activities (and season):

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Special concerns (allergies, medications, etc.)

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Student's name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's email: \_\_\_\_\_

*(any email to students will be cc'd to the parent)*

Class time: 6:30-7:30 pm

Please list your after-school activities (and season):

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Special concerns (allergies, medications, etc.)

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