

Open Door Registration

Grades 6-10 Faith Formation

Household Information

Family Last Name _____

Address _____

Guardian/Parent First Name _____ Cell/Phone _____

Email _____

Guardian/Parent First Name _____ Cell/Phone _____

Email _____

List preferred contact (email or text) _____

Please note:

- * Classes are at 6:30pm unless otherwise noted. Father Zenk Hall opens at 6pm for light snacks and social time.
- * Email is our preferred and most efficient way to keep you informed. Please read your emails.
- * Texting is another communication option. Make sure to specify which phone number to use.
- * We will be taking photos during the year for our publications. Notify the office if you do not want images used.

SHARE YOUR FAITH!

Contact Sheila Pelowski at sheilap@rescathroch.org to discuss the various ways you can help! Needs are as follows:

6-8 grade Small Group Facilitator/Helper

9-10 grade Small Group Facilitator/Helper

9-10 grade Confirmation Faith Sharing Leader

Spark Night Assistant

Chaperone

FEES

_____ \$50 **per student** for 6-10 Faith Formation Class for Public and Home-School Families.

_____ \$25 **per student** for 6-10 Spark Night Faith Formation for Private School Families.

_____ \$50 **Confirmation Preparation, 2 year program, for 9-10 grade paid during Year 1.**

_____ Scholarship Requested

_____ Group Facilitator, Helper, or Faith Sharing Leader Fees are WAIVED.

_____ TOTAL DUE: Paid to Church of the Resurrection

Please note there may be additional charges for retreat and pilgrimages

Complete Next Page>>>>>>>>

For Office Use Only:

Date Received _____/_____/_____ Check _____ # _____ Cash _____ Waived _____ Scholarship _____

Student Information

Full Name _____

Email _____ School Attending _____ Grade _____

After School Activities and Season _____

Special Concerns (allergies, etc) _____

For Confirmation Students: Year 1 or Year 2 _____ **D.O.B.** ____/____/____ **Baptism** ____/____/____

Place of Baptism (church, city & state) _____

If NOT baptized at Resurrection, please submit copy of a formal Baptismal Certificate ASAP!

Full Name _____

Email _____ School Attending _____ Grade _____

After School Activities and Season _____

Special Concerns (allergies, etc) _____

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