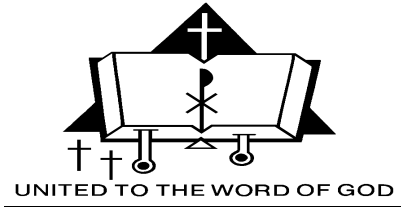


# Faith Formation Registration 2009 - 2010

**St. John Parish / 5 St. John Court / Cromwell, CT 06416 - Faith Formation Office (860) 635.5156**



**PLEASE COMPLETE ALL INFORMATION ON THIS FORM AND RETURN IT BY MAIL TO THE ABOVE ADDRESS NO LATER THAN JULY 25, 2009 (Please print clearly)**

**( ) CHECK HERE IF YOU ARE NOT PLANNING TO REGISTER FOR 2009/2010**

Parent(s) Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
 Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Telephone Number \_\_\_\_\_ Mother's work and/or cell \_\_\_\_\_  
 Father's work and/or cell \_\_\_\_\_ Please label all phone numbers (work, cell, etc.)

Student Full Name(s)	FF Grade Fall '09/10'	Date & Place of Birth	Date & Church of First Communion
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(You may use the back of this form if necessary)

**Make-up Sacraments** – Any child who has not completed consecutive grade(s) before the sacramental year. (First Holy Communion/Confirmation) - Name of Child \_\_\_\_\_

**Preschool (4 & 5 Year olds during 9:30 Mass, Oct. – April \$20.00 Fee)**  
 Student Name(s): \_\_\_\_\_

**REGISTRATION FEE – Grades 1-10:** Please make check payable to: **St. John Church** (circle one below)

- |                |                    |                       |                               |
|----------------|--------------------|-----------------------|-------------------------------|
| <b>\$20.00</b> | <b>\$100.00</b>    | <b>\$125.00</b>       | <b>\$150.00</b>               |
| Preschool      | 1 Child (Gr. 1-10) | 2 Children (Gr. 1-10) | 3 or more children (Gr. 1-10) |

Teacher Application form **MUST** be returned along with this registration form.  
 Tuition waived for children of Catechists.

**New and Grade 1 students: Please complete Baptismal Information:**

Name of Child \_\_\_\_\_ Date and Name of Church \_\_\_\_\_  
 \_\_\_\_\_ City, State \_\_\_\_\_

For new students and those making their First Holy Communion, not Baptized at St. John, Cromwell, please submit a copy of your child's Baptismal Certificate.

**Are there any problems/ allergies /or situations we should be made aware of? Please specify.**  
 \_\_\_\_\_  
 \_\_\_\_\_

For Office Use Only:  
 Date Paid \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Amt Paid \$ \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_ Amt Owed \_\_\_\_\_