

Faith Formation Registration 2010 - 2011  
**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,  
 ALONG WITH PAYMENT, TO THE ABOVE ADDRESS NO LATER THAN JUNE 11, 2010**  
 (IF FOR SOME REASON YOU ARE NOT ABLE TO MAKE PAYMENT AT THIS TIME, PLEASE  
 RETURN THIS SHEET AND CONTACT THE FAITH FORMATION OFFICE)

**(Please print clearly)**

Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

E-mail address: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

(if same as above, do not fill out)

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

E-mail address: \_\_\_\_\_

Please circle one: Married/Single/Divorced/Separated/Widow(er)

Child(ren) live with: \_\_\_\_\_

Student Full Name(s)	FF Grade Fall '10 -11	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 \_\_\_\_\_  
 Situations **must be discussed** with Director **before** registration.

**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 \_\_\_\_\_