

Parish use only: _____
 ca ck # _____ amt _____
 rcd by _____/_____

ST. GABRIEL CATHOLIC CHURCH CHILDREN'S FORMATION PROGRAM 08-09

Mother _____ Father _____

If both parents are in one household,
 leave one address block blank.

Address _____

If separate households, where
 should correspondence be sent?

City & Zip _____

__Mother __Father __Both

Who has Custody?

Phone/cell _____

__Mother __Father __Both

Email _____

_____ I am a registered parishioner at St. Gabriel.
 _____ I am registered at (parish) _____

FEES

Registered parishioners: \$100 per child.
 Outside of parish: \$125 per child.
 Sacramental preparation fees:
 \$25 for Reconciliation prep
 \$35 for Confirmation/First Eucharist prep
 Scholarships are available based on need, see Roxanna.

Please list any special needs, medical conditions, or allergies in this space. (i.e. Name—peanut allergy, asthma)

I understand no formation program will be successful without volunteers. I will assist the program as:

____ Catechist (teacher) ____ Aide
 ____ Room Helper (sign up for one month)
 ____ Retreat set-up and/or hospitality helper

Signature: _____

SESSION SCHEDULE (all sessions are 1 hour 15 minutes)

	MONDAY	TUESDAY	WEDNESDAY
Pre-K (ages 3-5)	4:15	4:15	
Kindergarten	4:15	4:15	4:15
Grades 1-3	4:15	4:15	4:15
	5:45	5:45	
Grades 4-5	4:15	4:15	4:15
	5:45	5:45	

NOTE: If there are less than 6 students a session may be cancelled.

Home Schooling Home school is done using a supervised program and online chapter reviews. If you are interested in this option please discuss with Roxanna.

Please note: Sacrament preparation will be done in the time period 6-8 weeks prior to the celebration of the sacrament. Additional time periods may be required for the sacrament preparation. As stated in the policies of the Diocese of Phoenix, second grade is normative for First Reconciliation and third grade for Confirmation and First Eucharist/Communion. All sacramental preparation requires a minimum of one year of faith formation prior to preparation for the sacrament.

Child Name (first name, last if different from above)	M/F	Grade As of fall 08	Birth date Place	Sacraments Celebrated (mark with X)				Sacrament Preparation (write name of sacrament prep for which this child is registering)	Session	
				Baptism	Recon- ciliation	First Eucharist	Confir- mation		Day	Time

In case of Emergency, contact: _____

In NO situation release my children to: _____