



**Faith Formation 2017-2018 Registration
Grades 1-8
Saint Elizabeth Parish
350 Reedsdale Road, Milton, MA 02186**

SCHEDULE OF CLASSES:

Grades 1 – 5	Monday Afternoon	3:45 – 4:45 PM
Grades 1 – 5	Tuesday Afternoon	3:45 – 4:45 PM
Grades 6 – 8	Monday Evening	6:30 – 7:30 PM

Registration for the Confirmation Program is a separate form

When completing the registration found on page 2, please also complete steps 1 – 3:

- 1. Submit a copy of a Baptismal Certificate** along with your registration for any child not baptized at St. Elizabeth Parish or not previously submitted.
- 2. Submit** the registration fee in the form of a check payable to: St. Elizabeth Parish in the amount of: **\$95 per child; \$200 max per family.**

Confirmation registration requires a different form and fee and is not included in the family maximum.

All children are welcome in the program regardless of ability to pay fee. Financial assistance is available; please contact the Faith Formation Office.

- 3. Return the completed registration form, baptismal certificate (if applicable), and registration fee to:**

- Drop Off Box outside Fr. Curley Hall
- Mail: Saint Elizabeth Parish Faith Formation, 350 Reedsdale Road, Milton, MA 02186,

Please consider becoming a weekly Catechist, Co-Catechist or substitute, the family registration fee will be waived for Catechists and Co-Catechists. If interested, please indicate on the registration form found on page 2.

- 4. The Sacrament of First Communion is a two year preparatory program.** Children generally attend in grades 1 & 2. If your child is beyond grade 2 and has not received the Sacrament of First Communion please contact the Faith Formation Office to discuss appropriate placement in the program.

If you have any questions please call the Faith Formation Office at **617-698-5763** or email at bpeterson@stelizabethmilton.org.

2017 – 2018 PARISH OF ST. ELIZABETH FAITH FORMATION REGISTRATION *Grades 1-8*

Father: Last _____ First _____ **Catholic: Y N**
Mother: Last _____ First _____ **Catholic: Y N**
M. Maiden: _____ **Guardian (if not parent):** _____
Address: Street _____ City/Zip _____
Telephone: Home _____ Cell _____
In Case of Emergency: _____
Relationship to Student: _____ **PH** _____
Registered member of St. Elizabeth Parish Y / N (circle)
Family Email: _____

Office Use
Check No: _____
Date: _____
Amount: _____

I am willing to be (circle): Catechist / Co-Catechist / Substitute Catechist / for Grade _____
(circle): Monday or Tuesday Name: _____

STUDENT INFORMATION

First _____ **Middle** _____ **Last** _____ **Grade in Sept.** _____ **School** _____ **Gender** _____
 Preferred Day (circle one applicable for Grades 1 - 5) **MONDAY** **TUESDAY**
 Birth Date _____ Baptismal Date _____ Baptismal Church & Address _____
 First Reconciliation Y / N Where _____ First Eucharist Y / N Where _____
 SPECIAL NEEDS: allergies, medical, learning disabilities, physical _____

First _____ **Middle** _____ **Last** _____ **Grade in Sept.** _____ **School** _____ **Gender** _____
 Preferred Day (circle one applicable for Grades 1 - 5) **MONDAY** **TUESDAY**
 Birth Date _____ Baptismal Date _____ Baptismal Church & Address _____
 First Reconciliation Y / N Where _____ First Eucharist Y / N Where _____
 SPECIAL NEEDS: allergies, medical, learning disabilities, physical _____

First _____ **Middle** _____ **Last** _____ **Grade in Sept.** _____ **School** _____ **Gender** _____
 Preferred Day (circle one applicable for Grades 1 - 5) **MONDAY** **TUESDAY**
 Birth Date _____ Baptismal Date _____ Baptismal Church & Address _____
 First Reconciliation Y / N Where _____ First Eucharist Y / N Where _____
 SPECIAL NEEDS: allergies, medical, learning disabilities, physical _____

First _____ **Middle** _____ **Last** _____ **Grade in Sept.** _____ **School** _____ **Gender** _____
 Preferred Day (circle one applicable for Grades 1 - 5) **MONDAY** **TUESDAY**
 Birth Date _____ Baptismal Date _____ Baptismal Church & Address _____
 First Reconciliation Y / N Where _____ First Eucharist Y / N WHERE _____
 SPECIAL NEEDS: allergies, medical, learning disabilities, physical _____

2017- 2018
NO PHOTO or VIDEO RELEASE

Throughout the 2017 – 2018 Faith Formation year the printing of names and images of our Faith Formation students may be used solely to promote events that take place at the Parish of Saint Elizabeth, Milton, MA.

*Please complete the form below if you **DO NOT** wish to have your child's name or image released to area newspapers, local cable channel or the parish web site.*

If we do not have a completed form on file for your family, we will assume that we have your permission to do so. If you have any questions, please call us at (617) 698-5763. Thank you.

<i>Child's Name [please print]:</i>	<u><i>Age</i></u>	<u><i>Grade</i></u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Parent/Guardian [please print]:

Signature of Parent/Guardian:

Date: _____