



# 2010-2011 FAITH FORMATION REGISTRATION FORM



Preschool - Kindergarten

Children 1st - 5th Grade

Middle School 6th - 8th Grade

## Saint Priscilla Catholic Church

19120 Purlingbrook, Livonia, MI 48152 (248) 476-4702

### FAMILY INFORMATION

Family Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Family Address: \_\_\_\_\_  
Street ( include Apt. #, Condo Unit, etc. ) City Zip

Family Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
( To save postage costs, Email communication will be used. )

### FATHER'S INFORMATION

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
( To save postage costs, Email communication will be used. )

Cell Phone: \_\_\_\_\_ Father's Religion:

Work Phone: \_\_\_\_\_  
 ROMAN CATHOLIC  ORTHODOX  OTHER \_\_\_\_\_  
 EASTERN CATHOLIC (Chaldean, Melkite, Maronite, etc.)

### MOTHER'S INFORMATION

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
( To save postage costs, Email communication will be used. )

Cell Phone: \_\_\_\_\_ Mother's Religion:

Work Phone: \_\_\_\_\_  
 ROMAN CATHOLIC  ORTHODOX  OTHER \_\_\_\_\_  
 EASTERN CATHOLIC (Chaldean, Melkite, Maronite, etc.)

### FAMILY CIRCUMSTANCES

Custodial Responsibility:  Both Parents  Mother  Father  Grandparent(s)

Mother & Stepfather  Father & Stepmother  Other \_\_\_\_\_

*If child[ren] live with someone other than the parents listed above, fill in the following information.*

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street ( include Apt. #, Condo Unit, etc. ) City Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship to the chil[ren] \_\_\_\_\_

### OTHER INFORMATION

Is your family registered at St. Priscilla?  Yes  No: \_\_\_\_\_  
( If "No", Name of the church where you are registered )

If "No", would you like to learn more about joining our parish family?  Yes  No

## GROWING IN FAITH TOGETHER ( G.I.F.T. )

Along with the regularly scheduled weekly sessions, our multi-generational **G.I.F.T. is required and plays a crucial role in our comprehensive faith formation program.** Please choose either Friday evening or Sunday afternoon to reserve your spot, then mark your calendars. You can always change the day you wish to attend.

I want to reserve **Friday ( 6:00 - 8:30 p.m. )** for my family to attend G.I.F.T., and I will save these dates:  
**October 1, 2010 | November 12, 2010 | January 21, 2011 | March 18, 2011**

I want to reserve **Sunday ( 12:30 - 3:00 p.m. )** for my family to attend G.I.F.T., and I will save these dates:  
**October 3, 2010 | November 14, 2010 | January 23, 2011 | March 20, 2011**

### INDIVIDUAL FAITH FORMATION PROGRAM OPTIONS and FEES\*

**Option #1:** *Preschool & Kindergarten:* Sundays - During 11:00 Mass

**Option #2:** *1st through 5th Grades:* Mondays - 5:15 to 6:45 pm

**Option #3:** *1st through 5th Grades:* Wednesdays - 5:15 to 6:45 pm

**Option #4:** *6th through 8th Grades:* Thursdays-6:45 to 8:45 pm

**Tuition:** 1 Child, \$50 2 (or more), \$100

**Books & Materials Fee:** \$20 per child

**Sacrament Fee (2nd & 8th Grade):**  
 \$20 per child

*Dear Friends - No family will be denied faith formation opportunities or Sacramental preparation due to lack of funds.  
 Contact Christine in the Faith Formation Office ( 248-476-4702 ) about payment plans or tuition assistance.  
 Remember, full-time Catechists are eligible to receive "free" tuition for their child[ren].*

**CHILD 1**

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  M  F

Birth Date: \_\_\_/\_\_\_/\_\_\_ Grade - Fall 2010: \_\_\_\_\_ School: \_\_\_\_\_ **Program Option #:** \_\_\_\_\_

Special Needs: \_\_\_\_\_  
 ( List medical conditions, food allergies, learning / physical disabilities, limitations, restrictions, etc. )

Has this child received the Sacraments ( If "Yes, note place, date, and faith ):

(1) *Baptism?*  No  Yes \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  ROMAN CATHOLIC  ORTHODOX

(2) *1st Communion?*  No  Yes \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  EASTERN CATHOLIC (Chaldean, Melkite, Maronite, etc.)

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  M  F

Birth Date: \_\_\_/\_\_\_/\_\_\_ Grade - Fall 2010: \_\_\_\_\_ School: \_\_\_\_\_ **Program Option #:** \_\_\_\_\_

Special Needs: \_\_\_\_\_  
 ( List medical conditions, food allergies, learning / physical disabilities, limitations, restrictions, etc. )

Has this child received the Sacraments ( If "Yes, note place, date, and faith ):

(1) *Baptism?*  No  Yes \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  ROMAN CATHOLIC  ORTHODOX

(2) *1st Communion?*  No  Yes \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  EASTERN CATHOLIC (Chaldean, Melkite, Maronite, etc.)

**CHILD 2**

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  M  F

Birth Date: \_\_\_/\_\_\_/\_\_\_ Grade - Fall 2010: \_\_\_\_\_ School: \_\_\_\_\_ **Program Option #:** \_\_\_\_\_

Special Needs: \_\_\_\_\_  
 ( List medical conditions, food allergies, learning / physical disabilities, limitations, restrictions, etc. )

Has this child received the Sacraments ( If "Yes, note place, date, and faith ):

(1) *Baptism?*  No  Yes \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  ROMAN CATHOLIC  ORTHODOX

(2) *1st Communion?*  No  Yes \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  EASTERN CATHOLIC (Chaldean, Melkite, Maronite, etc.)

**CHILD 3**

*If any of your children were baptized at a parish/church other than St. Priscilla, please supply a copy of this baptismal record for our files.*

**For Office Use Only:**

\_\_\_\_\_ Number of Children Tuition \$ \_\_\_\_\_ + Books & Materials Fee \$ \_\_\_\_\_ +  
 Sacramental Fee \$ \_\_\_\_\_ = Total Due \$ \_\_\_\_\_ - Amount Paid \$ \_\_\_\_\_ = Balance Due \$ \_\_\_\_\_