

HOLY APOSTLES CATHOLIC CHURCH

2008-2009 FAITH FORMATION STUDENT REGISTRATION

Please fill out one form per student registered

| Pre-K Registration for children age 3 - kindergarten | | | | | | | | | | | |
|---|--|-------------------------|---------------|--------------------|--------------------------|---|--|--------|--|---|---|
| Child's Name | | | Date of Birth | | M | D | Y | Gender | | M | F |
| Catholic Sacraments Received | | Baptism | | Age on September 1 | | | I verify that my child is toilet trained | | | | |
| Date Sacrament Received | | M D Y | | | | | | | | | |
| Class Preference (circle one) | | Sunday during 9:00 mass | | | Sunday during 11:00 mass | | | | | | |
| Medical Conditions, allergies, or adaptations helpful for success | | | | | | | | | | | |
| Hobbies, talents, sports | | | | | | | | | | | |
| <ul style="list-style-type: none"> I do hereby give permission for my child to participate in Pre-K Religious Education program. I agree to hold the Diocese of Boise, Holy Apostles parish, staff and volunteers free from liability for any illness or injury that might be incurred by my child during these events. Should any injury occur, I hereby give my permission for my child to receive treatment from a physician to be selected by a Holy Apostles staff member if s/he is unable to reach me or my family physician. I understand that Holy Apostles parish, staff, and volunteers are not responsible for my child's transportation to and from Holy Apostles Faith Formation events. Nor is Holy Apostles parish, staff, or volunteers responsible for my child should they leave the immediate area where the event is taking place or choose to stay after an event has taken place. By registering my child I understand that I am still the primary religious educator for my child. I agree that I will make sure my child attends class regularly and on time. I will reinforce class lessons and keep in touch with the coordinator/core team to help all I can. I will live and practice my Catholic faith and be a good example for my child to follow. I give Holy Apostles permission to use any photographs of my child for advertising purposes. | | | | | | | | | | | |
| Parent/Guardian Signature | | | | | | | | Date | | | |

Fee for Pre-K Religious Education - \$45 per child/\$125 family rate (3 or more children in the PreK3-5th Grade RE Program) with an EARLY REGISTRATION fee of \$35 per child/\$100 family rate (3 or more children in the PreK3-5th Grade RE Program) if received by JULY 18, 2008.

_____ I am interested in information about being a volunteer teacher

_____ I am interested in helping at occasional events

Volunteers are the heart and soul of Faith Formation. It can't happen without you!