

St Nicholas Catholic Church

P.O. Box 133, Carver, MN 55315

Office Use Only
Date Rcv'd : _____
Check # _____ \$ _____

2020-2021 Faith Formation Registration Form

Contact: Barb Minzel
Phone: 612-310-3612
e-mail: tubbythepubby2@gmail.com

Please fill out this form completely. Please print clearly. Thank you!!

FAMILY CONTACT INFORMATION

Parent/Guardian Name(s): _____

Mailing Address: _____

Parish (if not member of St Nicholas): _____

Best Phone Number: _____ Alternate Phone Number: _____

Best e-mail Address: _____

Alternate e-mail Address: _____

	Child's Full Name (first, middle, last)	Date of Birth	Grade (2020-2021)	Tuition (price until Oct 1, 2020)	PLUS First Communion Prep \$50.00 (if applicable)	PLUS Confirmation Prep \$75.00 (if applicable)	Tuition total each child
1 st student				\$80.00			
2 nd student				\$50.00			
3 rd student				\$40.00			
4 th student				-\$0-			
5 th student				-\$0-			

Early Registration Discount is Good Only Until Oct 1, 2020.
Tuition increased by \$10 each child after Oct 1, 2020.

Total Family
Tuition:

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I am willing to be a catechist or assistant. Catechists and assistant catechists receive a 50% reduction in tuition (Sacramental Prep Fees are not discounted).

Please return completed form plus page 2 completed for each child, and payment, to the address listed above or drop at the Guardian Angels office in Chaska

**2020-2021 St Nicholas Faith Formation
STUDENT INFORMATION FORM FOR:**

<small>(Student's first and last name)</small>
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Emergency/Special Needs Information- If we are unable to reach you, who should we contact?

Name: _____ Relationship: _____

Phone Number(s): _____

Allergies (including medication, foods, environmental): _____

Any special learning needs (e.g. ADHD, learning accommodations) or special situations (e.g. divorce, new siblings) that will help us better serve your child:

Consent for Medical Care: I give my permission that, in my absence, the child listed above may receive emergency medical care for injuries and all situations that may occur while participating in programs at St. Nicholas Catholic Church.

Parent/Guardian Signature: _____ Date: _____

Media Authorization: I, as parent or guardian of the child listed above, consent and authorize St Nicholas Church to use photographs of my child in brochures, pamphlets, advertising, social media and other purposes in any way relating to St. Nicholas Faith Formation activities. I also consent that such photographs of my child will be property of St Nicholas Church and they have the right to duplicate, to reproduce, and use such photographs in their brochures, pamphlets, advertising, social media and other purposes free and clear of any claim on my part.

Parent/Guardian Name (please print): _____ Signature: _____

Date: _____

**I do NOT Consent Parent/Guardian Name (please print): _____

Signature: _____ Date: _____

Our program only work with the help of parents! Please let us know which area you are interested in volunteering.

Classroom Assistant **Door Monitor**

Special Events **Clerical Help**