



St Nicholas Catholic Church

412 West 4th Street
Carver, Minnesota 55315
Parish Phone: (952) 227-4000 (Guardian Angels Office)

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

2022-2023 Faith Formation Registration Form Grades 1st - 8th

Please complete this form, plus page 2 completed for each child, with payment, and mail to the address listed above, place it in the collection basket at mass, or drop at the Guardian Angels Office in Chaska.

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 (2022-2023)	Tuition (price until Sept 4, 2022)	PLUS First Communion Prep \$50.00 (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 Sept 4, 2022.
Tuition increased by \$10 each child after Sept 4, 2022.

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).

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

Classroom Assistant
 Door Monitor
 Special Events
 Clerical Help

**2022-2023 St Nicholas Faith Formation
STUDENT INFORMATION FORM FOR:**

(Student's first and last name)

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: _____