

2018-2019 Faith Formation Registration Form Middle School (6-8th Grade)

Please complete one form per family. We will be taking registrations through the end of August. You are welcome to drop off your completed registration form and check made payable to Corpus Christi at the church office. (Office hours Monday-Friday 8:00am-4:30pm) or register and pay online at www.corpuschristibismarck.com. Please contact Tracy Kraft at 255-4600 with any questions or concerns.

Fees: 1 child- \$50.00, 2 children- \$75.00, 3 Children- \$95.00, Family Cap- \$110.00

Father's Name: _____ Address: _____

Father's Email Address (Very Important): _____

Father's Home Phone: _____ Father's Cell Phone: _____

Mother's Name: _____ Address: _____

Mother's Email Address (Very Important): _____

Mother's Home Phone: _____ Mother's Cell Phone: _____

OTHER EMERGENCY CONTACT: _____ **PHONE:** _____

Wednesday Night Program: (Once each Month~7:00-8:30pm)

Child's Name: _____ Birthdate: _____ Age: ____ Grade: ____ School: _____ Gender: ____

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Child's Name: _____ Birthdate: _____ Age: ____ Grade: ____ School: _____ Gender: ____

LIST ANY ALLERGIES, LEARNING NEEDS OR OTHER ACCOMMODATIONS THAT WE SHOULD BE AWARE OF:

*****Each faith formation family is asked to volunteer in some capacity. If everyone chooses one activity, the time commitment each year could be very small. Please indicate your choice on the back side of this form.***

Unless you notify the parish in writing, the Church of Corpus Christi assumes permission to use your child's photo (without name identification) for print/electronic communications at the parish. Your written statement should be returned to the parish office. Please call with questions or concerns at 255-4600.

