

FAITH FORMATION REGISTRATION FORM 2017 – 2018
ST. RITA CATHOLIC CHURCH, 13645 Paddock Drive, Wellington, FL 33414
OFFICE PHONE: (561) 795-4321 FAX NUMBER: (561) 795-5478

Choice of Textbook:

E-Book
 Hardcopy

PLEASE PRINT

FAMILY NAME (Parent's/Guardian's Last Name)		HOME PHONE NUMBER	E-MAIL ADDRESS (Required)		
STREET ADDRESS		CITY	ZIP CODE		
FATHER'S FULL NAME	MARITAL ST	RELIGION	MOTHER'S FULL NAME	MARITAL ST	RELIGION
FATHER'S OCCUPATION	CELL #	CELL PROVIDER	MOTHER'S OCCUPATION	CELL #	CELL PROVIDER

PLEASE INCLUDE CHILD'S LAST NAME IF DIFFERENT FROM THE FAMILY OR GUARDIAN'S NAME

	CHILD	CHILD	CHILD	CHILD
NAME				
GRADE				
GENDER				
SCHOOL				
BIRTH DATE				
BAPTISM DATE & PLACE				
RECONCILIATION				
FIRST EUCHARIST DATE & PLACE				
PRIOR RELIGIOUS EDUCATION				

*If divorced/ separated, please indicate: **CUSTODIAL PARENT :** _____

DONATION FEES

FEES DUE

Family Event Yearly Fee \$150.00

Additional Fees:

High School Confirmation (Includes Youth Group) **\$ 130.00**

Middle School Edge Youth Group/Conf. Prep **\$ 50.00**

First Eucharist & Reconciliation Fee (Level 2) **\$ 70.00**

FAMILY EVENT FEE	\$ 150.00
ADDITIONAL FEES	
DONATION for families unable to pay	
FAMILY BRICK FUNDRAISER *ATTACH COMPLETED FORM*	100.00
TOTAL	\$

WE WILL ATTEND MONTHLY FAMILY G.I.F.T. EVENTS ON: (Please circle one)

SUNDAY: **S-1, S-2, S-3, S-4** (10:00am to 12:00noon)

TUESDAY: **T-1** (6:00pm to 8:00pm)

CHOICE OF PAYMENT:

ONLINE GIVING

CREDIT/DEBIT CARD

CHECK

CASH

NET CHARGE	DATE	AMOUNT	CHECK #	CASH	CREDIT OR DEBIT CARD NUMBER	EXP. DATE	DATE ENTERED

Please log onto www.saintrita.com for an easy link to ONLINE GIVING. Click on Faith Formation Fees and follow the directions. It is the easiest and most convenient way to make your payment.

EMERGENCY INFORMATION

EMERGENCY CONTACT: (Other than the Parents)

NAME	RELATIONSHIP	PHONE/CELL NUMBER
PLEASE LIST ANY <u>MEDICAL CONDITIONS/MEDICATIONS OR ALLERGIES</u> THAT WE SHOULD BE AWARE OF:		

In the event of an emergency and I cannot be reached, I hereby authorize St. Rita Catholic Church to provide appropriate medical attention as deemed necessary to my children while attending a Faith Formation event, retreat or other activity connected with this parish program.

_____ SIGNATURE	_____ DATE
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PHOTOGRAPH AND/OR VIDEOTAPE CONSENT & RELEASE

I hereby grant to sponsor the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my name, face, likeness, voice and appearance.

Signature of participant: _____

Printed Name _____ Date: _____

I certify that I am the parent or legal guardian of the above signed participant and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Photograph and/or Videotape Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant’s leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent/Guardian: _____

Printed Name: _____ Date: _____

VOLUNTEER INFORMATION *(All families are expected to check at least one)*

CATECHIST (Teach at Breakouts): Grade Level _____		LITURGY OF THE WORD WITH CHILDREN CATECHIST	
ASST. CATECHIST – Indicate Grade Level _____		SEW BANNERS FOR LITURGY OF THE WORD WITH CHILDREN	
FIRST EUCHARIST PREPARATION CATECHIST		ASSIST WITH CHILDREN’S CHRISTMAS PAGEANT	
RCIA PREPARATION SESSIONS ASSISTANT		SET-UP FOR THE EVENT (1/2 hour before event)	
CONFIRMATION PREPARATION TABLE LEADER		CHECK IN/ WELCOMING FOR EVENT	
CONFIRMATION SESSIONS FOOD PREP/SERVE		MUSIC- Indicate Talent _____	
TABLE LEADER FOR MIDDLE SCHOOL EDGE GROUP		PHONE CALLS- (Made in our office during business hours)	
ASSIST WITH UPPER ELEMENTARY YOUTH GROUP		PRE-CUT CRAFTS AT HOME	