

2023-2024

St. Theodore's Church  
Faith Formation Program  
429-5650

**Office Use Only:**

Fee Charged \$ \_\_\_\_\_  
Fee Paid \$ \_\_\_\_\_  
Date \_\_\_\_\_  
Cash \_\_\_\_\_ Check # \_\_\_\_\_  
Census Form \_\_\_\_\_

**REGISTRATION FOR GRADES 1-9**

PLEASE PRINT CLEARLY

**Family (Last) Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's First & Last Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's First & Last Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Child(ren) Resides With: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency Contact (Other than a parent): \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to your child(ren): \_\_\_\_\_

Registered member of St. Theodore's Parish? (Census form on file, attends Mass regularly and financially supports the parish using church envelopes.) Yes \_\_\_ No \_\_\_ If not, parish registered at: \_\_\_\_\_

**WHEN COMPLETING REGISTRATION INFORMATION, PLEASE LIST OLDEST CHILD FIRST.**

**CHILD #1 INFORMATION**

Child's First & Last Name: \_\_\_\_\_ M/F: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ School Grade: (Sept. 2023) \_\_\_\_\_ Religion Grade: \_\_\_\_\_

**Please indicate if your child has any learning disabilities, health problems, allergies, or ADD/ADHD.**

This is very important for classroom placement. \_\_\_\_\_

**Sacraments Completed:** Reconciliation \_\_\_\_\_ Eucharist \_\_\_\_\_ Confirmation \_\_\_\_\_

\_\_\_\_\_ Re-Registration

\_\_\_\_\_ New Registration **A copy of child's Baptismal Certificate is needed. Baptism Date:** \_\_\_\_\_

Church: \_\_\_\_\_ Address: \_\_\_\_\_

**Circle class time for Child #1:** Grades 1-6: Monday: 5:00-6:00 p.m. Grades 7-9: Monday: 7:00-8:00 p.m.

**CHILD #2 INFORMATION**

Child's First & Last Name: \_\_\_\_\_ M/F: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ School Grade: (Sept. 2023) \_\_\_\_\_ Religion Grade: \_\_\_\_\_

**Please indicate if your child has any learning disabilities, health problems, allergies, or ADD/ADHD.**

This is very important for classroom placement. \_\_\_\_\_

**Sacraments Completed:** Reconciliation \_\_\_\_\_ Eucharist \_\_\_\_\_ Confirmation \_\_\_\_\_

\_\_\_\_\_ Re-Registration

\_\_\_\_\_ New Registration **A copy of child's Baptismal Certificate is needed. Baptism Date:** \_\_\_\_\_

Church: \_\_\_\_\_ Address: \_\_\_\_\_

**Circle class time for Child #2:** Grades 1-6: Monday: 5:00-6:00 p.m. Grades 7-9: Monday: 7:00-8:00 p.m.

**CHILD #3 INFORMATION**

Child's First & Last Name: \_\_\_\_\_ M/F: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ School Grade: (Sept. 2023) \_\_\_\_\_ Religion Grade: \_\_\_\_\_

**Please indicate if your child has any learning disabilities, health problems, allergies, or ADD/ADHD.**

This is very important for classroom placement. \_\_\_\_\_

**Sacraments Completed:** Reconciliation \_\_\_\_\_ Eucharist \_\_\_\_\_ Confirmation \_\_\_\_\_

\_\_\_\_ Re-Registration

\_\_\_\_ New Registration **A copy of child's Baptismal Certificate is needed. Baptism Date:** \_\_\_\_\_

Church: \_\_\_\_\_ Address: \_\_\_\_\_

**Circle class time for Child #3:** Grades 1-6: Monday: 5:00-6:00 p.m. Grades 7-9: Monday: 7:00-8:00 p.m.

For additional children in same family, please make a copy of this form and attach it to your registration.

\*\*\*\*\* **PARENT SIGNATURE REQUIRED** \*\*\*\*\*

**Please read carefully before signing.**

- In the event of a medical emergency, if a parent or emergency contact person cannot be reached, I give permission for my child to be transported by ambulance to receive medical treatment. Yes \_\_\_ No \_\_\_
- I give permission for St. Theodore's to take pictures of my child during religion programs for use in the parish bulletin, bulletin boards, and the parish's Facebook page. Yes \_\_\_ No \_\_\_
- I understand that enrolling my child(ren) in the Faith Formation program requires commitment and consistent attendance. I also understand that in addition to the number of scheduled days off, students are only allowed four absences. It is my responsibility to notify the office and to complete the missed class assignment.
- In addition to attending weekly religion classes, I agree to enrich the faith of my child(ren) at home, including regularly attending Mass as a family.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FAITH FORMATION REGISTRATION FEES**

**FORMS AND PAYMENT NEED TO BE RECEIVED BY AUGUST 7.**

**PLEASE NOTE: AFTER AUGUST 7, THERE WILL BE A \$25 INCREASE PER CHILD.**

In order to receive the registered member fee, a family must have a census form on file, financially support the parish using church envelopes and attend Mass. The registration fee must accompany the form. If you are unable to make a payment at this time, **do not delay sending in your form;** please call Maureen Piehler to discuss this matter.

**Registered Member of St. Theodore's:** One child: \$80.00. Two children: \$125. Three or more children: \$155.

**Member of Another Parish:** One child: \$115.00. Two children: \$165. Three or more: \$195.00.

**Please return this completed registration form and fee to:**

St. Theodore's Church, Faith Formation Office, 168 Spencerport Road, Rochester, NY 14606

**Cash or checks made payable to "St. Theodore's Church."**

**You can also pay your registration fee by using your bank's online banking feature.**

Just add St. Theodore's Church as a payee. Write that it is for the Faith Formation fee.

Make a note on the registration form so the office is aware.