

**Please return these enrollment forms by August 30, 2011**

**ST. AGNES, ST. PAUL OF THE CROSS & ST. ROSE FAITH FORMATION**  
**108 Prospect St, Avon NY 14414**  
**(585) 226-3232**

**2011-2012 ANNUAL ENROLLMENT FORM FOR FAITH FORMATION**

**Public School Children: Grades K-5, (traditional class or official Home study), Youth Group grades 6-8, 9-12**

**A) FAMILY INFORMATION**

Mother's name: \_\_\_\_\_ & address: \_\_\_\_\_  
(street) (village) (zip)

Father's name: \_\_\_\_\_ & address: \_\_\_\_\_  
(street) (village) (zip)

Mother's phone: work \_\_\_\_\_ home \_\_\_\_\_ (unlisted)  Father's phone: work \_\_\_\_\_ home \_\_\_\_\_  
 cell # \_\_\_\_\_ cell # \_\_\_\_\_

Do you have access to e-mail? Y/N E-Mail address \_\_\_\_\_ Whose Account? \_\_\_\_\_

If you have teens, do they use facebook? Yes  No  Name \_\_\_\_\_

Are you and your family registered at St. Agnes? Yes  No  At St. Paul of the Cross? Yes  No

At St. Rose? Yes  No

Which Mass do you usually attend? SA 5:00 PM (Sat.)  SA 10:30 AM (Sun.)

Which Mass do you usually attend? SPOC/SR - 4:00 PM (Sat.)  SPOC/SR - 8:30 AM (Sun.)

Mailing name & address: Mr./Mrs./Ms./Dr.: \_\_\_\_\_

I (we) pledge to fulfill our responsibilities regarding the continuing Religious Education of my (our) child(ren). If my (our) child(ren) miss a K- 5<sup>th</sup> grade class it is my (our) responsibility to obtain the class materials, and make-up that lesson, so that my (our) child(ren) are up to date with their class.

Signed: \_\_\_\_\_ Today's Date: \_\_\_\_\_

(Parent or Guardian)

**B) PROGRAM ENROLLMENT INFORMATION**

**(Use this one section for all children/youth in your family to be registered)**

**Codes:** Please use one of the following program codes **FF**-Sunday Faith Formation (traditional classroom format for gr. K-5), **Y**-Youth (gr. 6-8, 9-12), **H**-Home Family Program (grades K-5: most sessions done at home only except for Family Gatherings) **Explanations: DOB**-month, day, year of birth, **Special Needs** - any learning or other difficulties, **Allergies** - to foods and other items. An interest in preparing for a Sacrament should be indicated on the separate Interest Form. A separate Sacrament registration packet for the Sacrament will be issued at the appropriate time.

NAME	GRADE/AGE/DOB	PROGRAM	SPECIAL NEEDS/ ALLERGIES
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Continued on reverse

C) **EMERGENCY INFORMATION - WHO SHOULD BE NOTIFIED IN CASE OF EMERGENCY & MEDICAL INFORMATION: (PLEASE FILL IN ALL INFORMATION)**

Name \_\_\_\_\_ Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_  
 Medical Insurance Co. \_\_\_\_\_ policy # (last four digits only + suffix): \_\_\_\_\_  
 Primary Care Physician's Name & Phone: \_\_\_\_\_

D) **TO WHOM MAY YOUR CHILD(REN)/YOUTH BE RELEASED WHEN THE PROGRAM/EVENT IS OVER? (PLEASE LIST ALL POSSIBILITIES DO NOT INCLUDE YOURSELF / YOUR SPOUSE):**

NAME	PHONE	RELATIONSHIP

E) **IS THERE ANYONE TO WHOM THE CHILD(REN) CANNOT BE RELEASED?**

\_\_\_\_\_

F) **PAYMENT FOR VARIOUS PROGRAMS**

1) **SUNDAY PROGRAM & HOME FAMILY PROGRAM** (Home Family program fee for grades K-5 includes text materials, books and handouts purchased through the Faith Formation Office). Your family is asked to contribute only a portion of the actual costs.

For traditional Faith Formation or official Home Study these parish subsidized fees apply to families with children in public school grades K through 5<sup>th</sup>:

\$35.00 for <b>first</b> child	\$35 x _____ = \$ _____
\$30.00 for <b>every additional</b> child	\$30 x _____ = \$ _____
\$95.00 Family Maximum	or maximum \$ _____

2) **YOUTH PROGRAMS:**

These parish subsidized fees apply to public school Youth in grades 6-8<sup>th</sup> and 9-12<sup>th</sup>:

\$30.00 <b>per youth</b>	\$30 x _____ = \$ _____
\$25.00 per youth for <b>every additional</b> youth	\$25 x _____ = \$ _____

3) **TOTAL AMOUNT DUE:**

(above Total) \$ \_\_\_\_\_

Would you be able to make an extra donation to help offset the actual cost?

If so please add that extra amount here. Thank you! \$ \_\_\_\_\_

Grand total \$ \_\_\_\_\_

4) **PAYMENT PLAN OPTIONS** - Please make checks payable to: **ST. AGNES CHURCH OR ST. Paul of the Cross OR St. Rose** One of the following payment plans may be used (Please check one).

\_\_\_\_\_ Full payment is due August 30, 2011, included with forms

\_\_\_\_\_ Two installments with payments due August 30, and December 30 (**send check with paperwork**)

\_\_\_\_\_ Three installments with payments due August 30, October 30, & January 30 (**send check with paperwork**)

**NOTE:** Fees for materials and/or texts used for the sacramental preparation and adult sessions are paid for separately at the time they occur during the year. If payment is an undue burden, please contact Mike Drexler (226-3232) or Sr. Karen Dietz (226-2100) and accommodations will be made.

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**108 Prospect St, Avon NY 14414**

**(585) 226-3232**

**2011-2012 ANNUAL ENROLLMENT FORM FOR  
CATHOLIC SCHOOL YOUNGSTERS in Grades 6-12**

**FAMILY INFORMATION**

Mother's name: \_\_\_\_\_ & address: \_\_\_\_\_  
(street) (village) (zip)

Father's name: \_\_\_\_\_ & address: \_\_\_\_\_  
(street) (village) (zip)

Mother's phone: work \_\_\_\_\_ home \_\_\_\_\_ (unlisted)  Father's phone: work \_\_\_\_\_ home \_\_\_\_\_  
cell # \_\_\_\_\_ cell # \_\_\_\_\_

Do you have access to e-mail? Y/N E-Mail address \_\_\_\_\_ Whose Account? \_\_\_\_\_

Do your teens use facebook? Yes  No  Name \_\_\_\_\_

Are you and your family registered at St. Agnes? Yes  No  At St. Paul of the Cross? Yes  No  At St. Rose? Yes  No

Which Mass do you usually attend? SA 5:00 PM (Sat.)  SA 10:30 AM (Sun.)

Which Mass do you usually attend? SPOC/SR - 4:00 PM (Sat.)  SPOC/SR - 8:30 AM (Sun.)

Mailing name & address: Mr./Mrs./Ms./Dr.: \_\_\_\_\_

Signed: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(Parent or Guardian)

**PROGRAM ENROLLMENT INFORMATION**

**(Use this one section for all children/youth attending catholic school in grades 6-12)**

**Explanations: DOB**-month, day, year of birth, **Special Needs** -any learning or other difficulties. An interest in preparing for a Sacrament should be indicated on the separate Interest Form. A separate Sacrament registration packet for the Sacrament will be issued at the appropriate time.

NAME	GRADE/AGE/DOB	Catholic School	SPECIAL NEEDS/ ALLERGIES
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**MEDICAL INFORMATION: (PLEASE FILL IN ALL INFORMATION)**

Name \_\_\_\_\_ Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy # (last four digits only + suffix): \_\_\_\_\_

Primary Care Physician's Name & Phone: \_\_\_\_\_

continued on reverse

**FAITH FORMATION PROGRAM ENROLLMENT for catholic school children Grades 6-12continued**

**EMERGENCY INFORMATION - WHO SHOULD BE NOTIFIED IN CASE OF EMERGENCY & TO WHOM MAY YOUR CHILD(REN)/YOUTH BE RELEASED WHEN THE PROGRAM/EVENT IS OVER? (PLEASE LIST ALL POSSIBILITIES DO NOT INCLUDE YOURSELF OR YOUR SPOUSE):**

NAME	PHONE	RELATIONSHIP

**IS THERE ANYONE TO WHOM THE CHILD(REN) CANNOT BE RELEASED?**

\_\_\_\_\_

**FEE INFORMATION**

Catholic School youth (grade 6-12) associate fee \$15 x \_\_\_\_ = \$\_\_\_\_\_

This fee helps us with communications (weekly parish bulletin, web-site (<http://sayonline.org>), calendar of activities: outings, service projects, conventions, e-mail to parents, etc...for your youngster. Your enrolled youngster would also be entitled to discounted activity fees. Your family is asked to contribute only a portion of the above actual costs. The parish absorbs the difference plus labor related expenses.

Return payment (payable to your parish of the cluster) and registration form by mail to: **Faith Formation Office, 108 Prospect Street, Avon, NY 14414** or drop in the collection basket in a marked envelope or stop by the rectory office.

**Please return these enrollment forms by  
August 30, 2011**