



Guardian Angels Catholic Church

215 Second Street West, Chaska, MN 55318

PH: 952-227-4000

FF@GAchaska.org

(Office use only)

Date Rec'd: _____

Check # _____ \$ _____

2016-2017 Faith Formation Registration Form

Please fill out both sides of this form completely. Please print clearly.

FAMILY CONTACT INFORMATION:

Parent/Guardian Name(s): _____

Street Address: _____

City: _____ Zip Code: _____

BEST Phone Number: _____ Alternate Phone: _____

BEST E-Mail Address: _____

Alternate E-Mail Address: _____

	Child's Full Name (first, middle, last)	Sex (M/F)	Date of Birth	Grade (2016/17)	Tuition	1 st Sacraments Prep* \$50.00 Confirmation Prep* \$65.00	Total
1 st Child					\$90.00		
2 nd Child					\$60.00		
3 rd Child					\$50.00		
4 th Child					-0-		
5 th Child					-0-		
TOTAL:							

***REGISTRATION FORMS AND SCHEDULES FOR SACRAMENTAL PREPARATION WILL BE MAILED IN SEPTEMBER.
ADDITIONAL FEES LISTED ABOVE.**

**** PARENTS MUST BE REGISTERED MEMBERS OF GUARDIAN ANGELS PARISH
TO HAVE THEIR CHILD(REN) RECEIVE SACRAMENTS. ****

Please return completed forms to address listed above - Attn: Faith Formation.

2016-17 GUARDIAN ANGELS FAITH FORMATION STUDENT INFORMATION FORM

FAMILY LAST NAME: _____

PLEASE LIST THE NAME OF EACH STUDENT INDIVIDUALLY THAT IS ENROLLED IN FAITH FORMATION:

EMERGENCY/SPECIAL NEEDS INFORMATION: If we are unable to reach you, who should we contact?

Name: _____ Relationship: _____ Phone
Number(s): _____

***For the following, please list your child(ren)'s name and any details:**

Allergies (including medications):

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(ren):

**All information provided will be kept strictly confidential & will be shared ONLY with appropriate staff and/or catechist(s) on a need-to-know basis.*

CONSENT FOR MEDICAL CARE: I give my permission that in my absence (list names) _____, may receive emergency medical care for injuries and all situations that should occur while participating in programs at Guardian Angels Catholic Church.

Parent/Guardian Signature: _____ Date: _____

FAITH FORMATION MEDIA AUTHORIZATION: I, as the parent/guardian of students listed individually above, consent and authorize Guardian Angels Church and School to use photographs of my child/ren in their brochures, pamphlets, advertising and other purposes in any way relating to Guardian Angels Faith Formation activities. I also consent that such photographs of my child will be property of Guardian Angels Church and they have the right to duplicate, to reproduce, and use such photographs in their brochures, pamphlets, and advertisements free and clear of any claim on my part.

Parent/Guardian Name (please print) _____
Parent/Guardian Signature _____ Date _____

I DO NOT CONSENT Parent/Guardian Name (please print) _____
Signature _____ Date _____

OUR PROGRAMS ONLY WORK WITH THE HELP OF PARENTS. PLEASE LET US KNOW WHICH AREA YOU'D LIKE TO KNOW MORE ABOUT:

___ Substitute Teacher ___ Classroom Assistant ___ Hall Monitor ___ Clerical Help ___ Youth Group
___ Special Events ___ Commission Member