



2025-2026 FAITH FORMATION REGISTRATION FORM



(Office use only)

Date Rec'd: _____

Check # _____ \$ _____

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

FAMILY CONTACT INFORMATION:

PRIMARY Contact: _____ **Phone Number:** _____ **Okay to Text?** ____ Yes ____ No
(alternate contact on back)

Street Address: _____ **City:** _____ **Zip Code:** _____

PRIMARY E-Mail Address: _____

	Child's Full Name	Sex (M/ F)	Date of Birth	Church of Baptism (please include city & state)	Grade 2025/26	Faith Formation	1 st Sacraments Fee **\$50.00	Confirmation Prep Fee **\$75.00	Total
1 st Child						\$90.00			
2 nd Child						\$60.00			
3 rd Child						\$50.00			
4 th Child						\$30.00			
5 th Child						-0-			
TOTAL									

Catechists & Classroom Assistants receive a 50% reduction in tuition.

*****Sacramental Prep fees are in addition to tuition and not discounted**.***

**** PARENTS MUST BE REGISTERED MEMBERS OF GUARDIAN ANGELS or ST. NICHOLAS TO HAVE THEIR CHILD RECEIVE SACRAMENTS. ****

Please return completed forms with payment to Guardian Angels; attn: Faith Formation; 215 W. 2nd Street; Chaska, MN 55318.

2025-2026 GUARDIAN ANGELS/ST. NICHOLAS FAITH FORMATION STUDENT INFORMATION FORM

ADDITIONAL CONTACT INFORMATION: (will receive all Faith Formation correspondence)

NAME: _____ Relationship: _____

Phone Number: _____ Email Address: _____

EMERGENCY CONTACT INFORMATION: If we are unable to reach you, who should we contact?

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

The following information will be kept strictly confidential & will be shared ONLY with appropriate staff/catechist(s) on a need-to-know basis. Please list your child(ren)'s name and any details, indicating "none" if questions do not apply:

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):

CONSENT FOR MEDICAL CARE: I give my permission that in my absence students listed above 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: _____

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

___ Catechist ___ Classroom Assistant ___ Hall Monitor ___ Confirmation Small Group Leader (1x month) ___ FF Family Nights (1x month)

___ Youth Ministry Activities ___ Youth Ministry Core Team ___ Saturday Night Special Events (i.e. Movie night)