

ELEMENTARY FAITH FORMATION COORDINATOR—VIRGINIA SAMOSKY

SAINT BLAISE PARISH  
772 OHIO AVENUE  
MIDLAND, PA 15059  
724-643-1450 • [faithformation@stblaiseeparish.com](mailto:faithformation@stblaiseeparish.com)

SAINT MONICA PARISH  
116 THORNDALE DRIVE  
BEAVER FALLS, PA 15010  
724-846-7540 x17 • [education@saintmonica.us](mailto:education@saintmonica.us)

FOR OFFICE USE  
Date received: \_\_\_\_\_  
Fee received: \_\_\_\_\_

## ELEMENTARY (PRE-K—GRADE 6) FAITH FORMATION REGISTRATION 2019-2020

This is a:  New Registration—Please attach a copy of the child’s Baptism Certificate  
 Returning Registration

**PROGRAM INFORMATION – CHECK THE BOX OF THE PROGRAM YOU ARE REGISTERING FOR**

**Sundays, 9:00-10:15 AM @ Saint Monica Catholic Academy** (609 10<sup>th</sup> Street, Beaver Falls, PA 15010)

Grades 1-6 Religious Education

**Wednesdays, 6:00-7:15 PM @ St. Blaise Parish** (772 Ohio Avenue, Midland, PA 15059)

Age 3-Grade 1 Catechesis of the Good Shepherd Level I/II

Grades 2-6 Religious Education

**Materials Fees**—\$35 for 1 child, \$60 for 2 children, \$75 for 3 children (\$20 for each additional child after 3)

**Registration for Saint Monica program location:** Make checks payable to Saint Monica Parish

**Registration for Saint Blaise program location:** Make checks payable to Saint Blaise Parish

*\*\*\*No child will be denied Faith Formation because of an inability to pay. Should this fee cause a financial hardship, please contact the Elementary Faith Formation Coordinator at the location where you are registering.\*\*\**

**STUDENT INFORMATION**

Student’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ School District: \_\_\_\_\_

You may share the following information with my child’s catechist:  Address  Phone  Email  All

Age/Grade for 2019-2020 (circle one): 3 yrs. 4 yrs. 5 yrs. K 1 2 3 4 5 6

Special Needs (please include food allergies): \_\_\_\_\_

**FAMILY INFORMATION**

Father’s Name: \_\_\_\_\_

Mother’s Name: \_\_\_\_\_ Mother’s Maiden Name: \_\_\_\_\_

Parish Registration: Yes, we are registered members of SAINT BLAISE or SAINT MONICA Parish (circle one)

No, we are registered at \_\_\_\_\_ (Name and City, State of Parish)

Who is responsible for the ongoing faith formation of this child? Both Parents Mother Father Guardian

What email address should we send program information to? \_\_\_\_\_

Any family concerns we should be aware of (e.g. custody/legal issues)? \_\_\_\_\_

**IN CASE OF EMERGENCY**

1<sup>st</sup> Contact Name (Relationship): \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Contact Name (Relationship): \_\_\_\_\_ Phone: \_\_\_\_\_

SACRAMENTS	Received?	Date	Church	Address (City, State)
Baptism	YES NO	_____	_____	_____
Reconciliation	YES NO	_____	_____	_____
Eucharist	YES NO	_____	_____	_____

**Please return this form with the annual materials fee and a copy of your child’s Baptism certificate (if not previously provided) to the Faith Formation or Parish Offices. Thank you!**