

ELEMENTARY FAITH FORMATION COORDINATOR—VIRGINIA SAMOSKY

SAINT BLAISE PARISH
772 OHIO AVENUE
MIDLAND, PA 15059
724-643-1450 • faithformation@stblaiseeparish.com

SAINT MONICA PARISH
116 THORNDALE DRIVE
BEAVER FALLS, PA 15010
724-846-7540 x17 • education@saintmonica.us

FOR OFFICE USE

Date received: _____

Fee received: _____

ELEMENTARY (PRE-K—GRADE 6) FAITH FORMATION REGISTRATION 2021-2022

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, 10:30-11:45 AM @ Saint Monica Catholic Academy (609 10th Street, Beaver Falls, PA 15010)

Grades 1-6 IN-PERSON Religious Education

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

Age 3-Grade 1 IN-PERSON Catechesis of the Good Shepherd Level I/II
 Grades 2-6 IN-PERSON 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: _____

Age/Grade for 2021-2022 (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: _____

We are registered members of: Saint Blaise Parish Saint Monica Parish Other Parish

If other, Parish Name: _____ City, State: _____

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

1st Contact Name (Relationship): _____ Phone: _____

2nd 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 Parish Office where you are registering. Thank you!