

# HOLY REDEEMER FAITH FORMATION REGISTRATION 2010-2011

Family Last Name	Parent's E-mail
Mailing Address	Home Phone

<p style="text-align: center; border-bottom: 1px solid black;">Father's Name</p> <p style="text-align: center; border-bottom: 1px solid black;">Work Phone                      Cell Phone</p> <p>I am interested in</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Teaching</td> <td><input type="checkbox"/> Helping in a classroom</td> </tr> <tr> <td><input type="checkbox"/> Substitute Teaching</td> <td><input type="checkbox"/> monthly or whenever possible</td> </tr> <tr> <td><input type="checkbox"/> Aide</td> <td><input type="checkbox"/> Other (please call office)</td> </tr> <tr> <td><input type="checkbox"/> Hallway monitor</td> <td><input type="checkbox"/> Lectors</td> </tr> <tr> <td>(15 min. before class)</td> <td><input type="checkbox"/> Music</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Eucharistic Ministers (adults)</td> </tr> </table>	<input type="checkbox"/> Teaching	<input type="checkbox"/> Helping in a classroom	<input type="checkbox"/> Substitute Teaching	<input type="checkbox"/> monthly or whenever possible	<input type="checkbox"/> Aide	<input type="checkbox"/> Other (please call office)	<input type="checkbox"/> Hallway monitor	<input type="checkbox"/> Lectors	(15 min. before class)	<input type="checkbox"/> Music		<input type="checkbox"/> Eucharistic Ministers (adults)	<p style="text-align: center; border-bottom: 1px solid black;">Mother's Name</p> <p style="text-align: center; border-bottom: 1px solid black;">Work Phone                      Cell Phone</p> <p>I am interested in</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Teaching</td> <td><input type="checkbox"/> Helping in a classroom</td> </tr> <tr> <td><input type="checkbox"/> Substitute Teaching</td> <td><input type="checkbox"/> monthly or whenever possible</td> </tr> <tr> <td><input type="checkbox"/> Aide</td> <td><input type="checkbox"/> Other (please call office)</td> </tr> <tr> <td><input type="checkbox"/> Hallway monitor</td> <td><input type="checkbox"/> Lectors</td> </tr> <tr> <td>(15 min. before class)</td> <td><input type="checkbox"/> Music</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Eucharistic Ministers (adults)</td> </tr> </table>	<input type="checkbox"/> Teaching	<input type="checkbox"/> Helping in a classroom	<input type="checkbox"/> Substitute Teaching	<input type="checkbox"/> monthly or whenever possible	<input type="checkbox"/> Aide	<input type="checkbox"/> Other (please call office)	<input type="checkbox"/> Hallway monitor	<input type="checkbox"/> Lectors	(15 min. before class)	<input type="checkbox"/> Music		<input type="checkbox"/> Eucharistic Ministers (adults)
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Name	Birth date	Grade	Sacraments Already Received		
			Baptism	Reconciliation	Eucharist
Student 1 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student 2 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student 3 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student 4 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student E-mail (if applicable) \_\_\_\_\_

## TUITION FEES

1 child in family     - \$ 45.00

2 children in family - \$ 75.00

3 children in family - \$110.00

4 children in family - \$145.00

There is a sacrament fee for 2<sup>nd</sup> graders of \$35.00 in addition to the tuition fees \_\_\_\_\_  
 (This covers extra books & retreats)

There is a sacrament fee of \$25 for Grades 9, 10 & 11 \_\_\_\_\_  
 (This covers Confirmation retreat)

Total Fees     \$ \_\_\_\_\_

Please send your tuition payment and this registration form to: Faith Formation Office, 503 South Whitney Street, Marshall, MN 56258, or place it in the collection basket at Mass.

**Registration and full tuition payment are due by August 18, 2010**

Make checks payable to: Holy Redeemer Church

If your child(ren) has any particular needs, health and behavioral, please let us know: \_\_\_\_\_

Holy Redeemer Faith Formation Office

503 W. Lyon

Marshall, MN 56258

Photo/Video Release Form for 2010-2011 School Year

TO WHOM IT MAY CONCERN:

I hereby give permission for my child(ren) \_\_\_\_\_ to be photographed or videotaped at Holy Redeemer Faith Formation. I realize that the photo may be published in the newspaper, a magazine, or other publication. The video may be used for educational or informational purposes regarding the programs or curriculum at Holy Redeemer Faith Formation.

Child's Name \_\_\_\_\_ Grade \_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

PARENT/LEGAL GUARDIAN PERMISSION FORM

My child or children have permission to be involved in the Faith Formation programs at Holy Redeemer Parish, under the direction of its leadership.

If a medical emergency occurs, I hereby give permission to transport my child or children to a hospital for emergency medical or surgical treatment. I will be notified as soon as possible to any emergency concerning my child.

I also remain legally responsible for any personal actions taken by my child and will be liable for any damage caused by them.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Return to Faith Formation ASAP**

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