

2017-2018 CHILDREN'S FAITH FORMATION REGISTRATION FORM

Registered in Parish? If you have not officially registered at Incarnation we will be unable to enter your child's information in our database. You will need to fill out the Parish Registration Form that is enclosed and return it to the parish office.

Family Last Name (Please Print): _____ **Today's Date:** _____

Father's Name: _____ **Religion:** _____ **Work/Cell #** _____

Mother's Name: _____ **Religion:** _____ **Work/Cell #** _____

Address: _____ **City/State/Zip:** _____

Home Phone: _____ **Email/Please Print** _____

Class Schedule

All classes are filled on a first come, first served basis. Early registration is encouraged.

___ Sunday	During 10:30 a.m. Mass	3,4 year olds
___ Sunday	9:00 a.m. – 10:15 a.m.	Grades K thru 8 Only
___ Wednesday	6:00 p.m. – 7:15 p.m.	Grades 1 thru 8, RCIC (grades 3-8), Confirmation Prep (grades 9-12)

****For sacramental preparation this parish follows the policy set forth by the Catholic Diocese of Memphis.
A child must have two consecutive years of formation leading up to reception of any sacrament.****

Tuition*: 1st Child: \$75.00; 2nd Child: \$65.00; 3rd Child: \$45.00; 4th Child: \$35.00; Maximum per family: \$220.00*

**Sacramental year fees are not included in tuition fee.*

Sacramental year fees per child: 1st Recon. /1st Comm. Fee (2nd gr. or RCIC) \$35.00

Confirmation Fee (8th gr. or HSP Level II) \$40.00

Late Registration Fee: \$25.00 per family. Forms received to the PRE office after July 31st are considered late.

Predated checks with forms will be considered late on/after August 1st.

☞ Student Last Name: _____ **First Name:** _____ **Grade 2017-18 year:** _____

Birth Date: _____ **Age:** _____ **Gender:** _____ **School:** _____

Baptized? Yes ___ No ___ Date/Place: _____

1st Communion? Yes ___ No ___ Date/Place: _____ **1st Reconciliation? Yes ___ No ___**

Confirmation? Yes ___ No ___ Date/Place: _____

Last Catholic Education-School or PRE (CCD) Attendance Year _____ Grade _____ Parish _____

☞ Student Last Name: _____ **First Name:** _____ **Grade 2017-18 year:** _____

Birth Date: _____ **Age:** _____ **Gender:** _____ **School:** _____

Baptized? Yes ___ No ___ Date/Place: _____

1st Communion? Yes ___ No ___ Date/Place: _____ **1st Reconciliation? Yes ___ No ___**

Confirmation? Yes ___ No ___ Date/Place: _____

Last Catholic Education-School or PRE (CCD) Attendance Year _____ Grade _____ Parish _____

PLEASE NOTE: A copy of your child's (ren's) baptismal certificate will be needed to be attached to this form. As soon as you receive this form, please complete and return to the PRE office with payment and appropriate sacramental paperwork.

Please write a separate check for VBS if applicable.

☞ Turn page over for medical information.