



Faith Formation Registration 2017-2018

3333 Cliff Road • Burnsville, MN 55337-3397 • 952-890-0045 • Fax 952-890-0789 www.mmotc.org

PLEASE PRINT CLEARLY

1 FAMILY NAME _____
 Parent/Guardian Name _____ Parent/Guardian Name _____
 Address _____ City _____ State _____ Zip _____
 Primary Email _____ Primary Phone _____

Parishioner? Yes No If no, what is your parish? _____

2 STUDENT(S) (First and Last Names)	Gender M or F	Grade P3, P4, Grades K-12	Session Day & Time	Enrolled in Catholic School? Yes/No	Name & City of Catholic School

AVAILABLE SESSIONS

Catechesis of the Good Shepherd I (P3, P4, K) Sun: 9:30 a.m. • Wed: 4:30 p.m. • Wed: 6:30 p.m.
Catechesis of the Good Shepherd II (Grades 1-3) Sun: 9:30 a.m. • Wed: 4:30 p.m. • Wed: 6:30 p.m.
Catechesis of the Good Shepherd III (Grade 4-5) Sun: 9:30 a.m. • Wed: 4:30 p.m. • Wed: 6:30 p.m.
Youth (Grades 6-10) • Wed: 6:30 p.m.
Summit (Grades 11 & 12) • Thur: 7:00 p.m.

3 SACRAMENT PREPARATION NEEDED Please use space below if your child will celebrate one of these sacraments this year.

STUDENT(S) (First and Last Names)	Gender M or F	Grade P3, P4, Grades K-12	Baptism	First Eucharist (2nd Grade +)	Reconciliation (2nd Grade +)	Confirmation (10th Grade +)

4 SPECIAL INFORMATION: Hearing, sight, speech, allergies, behavioral, or other special circumstances we should know about your child

➡ PLEASE TURN PAGE OVER to complete the registration process. ⬅

UNLESS you notify the parish in writing
 Mary, Mother of the Church assumes permission to use your child's photograph (without name identification) for print and electronic communications and publicity.

5 ENROLLMENT AND FEES*

*Fees provide for only a percentage of the actual costs of our Faith Formation ministry. The balance of the costs are paid for through the annual giving of all Mary, Mother of the Church parishioners. We ask families who are not parishioners to pay a supplemental fee for Faith Formation for this reason.

****The maximum amount of Faith Formation program fees charged per family per year is \$250 (retreat fees are additional).**

	# ENROLLED	NON-PARISHIONER FEE: ADD \$30.00 PER CHILD	AMOUNT DUE
PRE-SCHOOL THROUGH GRADE 10			
<i>By June 30, 2017:</i> \$80 per child			
<i>After June 30, 2017:</i> \$100 per child			
SUMMIT (GRADES 11 - 12)			
\$50 per child			
<i>The maximum amount of Faith Formation fees charged per family for a program year is \$250 (Retreat fees are additional).</i>		SUB-TOTAL:	
REQUIRED RETREATS (ADDITIONAL FEES)			
Grade 9 Retreats: \$100 per child			
Grade 10+ Confirmation Retreats: \$150 per child			
		TOTAL:	

FOR OFFICE USE ONLY	
TOTAL AMOUNT PAID	
CASH	
CHECK #	
BALANCE DUE:	

**Please make checks payable to
Mary, Mother of the Church**

For office use only	DATE:
	INITIALS:

FINANCIAL ASSISTANCE REQUEST

Mary, Mother of the Church offers faith formation for all ages and does not turn any family away for financial reasons. We do expect participating families to help support our Faith Formation Ministry through payment of fees for their enrolled children or in-kind service to the parish if financial assistance is needed. Financial assistance in the forms of payment plans and in-kind service opportunities are available for families who are not able to pay the total fee at the time of registration due to family financial limitations or difficulties.

In-kind service is valued at \$10 per hour of service to Faith Formation Ministry and will be overseen by one of the Faith Formation Pastoral Associates at Mary, Mother of the Church. Assistance must be approved by faith formation staff member.

Please indicate how you will pay for your child(ren)'s participation in Faith Formation if you need financial assistance:

Monthly payment plan of \$_____ per month, beginning July 1, 2017; total paid in full May 1, 2018.

Quarterly payment plan of \$_____ on July 1/October 1, 2017 and January 1/April 1, 2018.

Deposit of \$_____ paid at time of registration; balance paid in _____ hours of in-kind service to be completed by May 1, 2018.

Total amount of \$_____ paid through _____ hours of in-kind service completed by May 1, 2018.

Other (please describe how you will pay): _____

Staff Approval: _____ Date: _____

SIGNED: _____ DATE: _____