

St. Mary of the Hills

GIFT Family Faith Formation

Grades K - 5 WITH PARENT

Contact Information *Please print legibly*

| | | |
|------------------------------------------------------------------------------|-----------------------|-------------------|
| Family Last Name | Home Telephone Number | Cell Phone Number |
| Address | City | State Zip |
| Email Address (Program Information and Updates will be sent to this address) | | |
| In case of an emergency during the GIFT program, notify: | Emergency Telephone | |

GIFT Family Faith Formation - Grades K - 5 WITH PARENT

(Child care available for newborns to Pre-K)

- **Sunday 1:30 – 4:00 PM**
- **Sunday 4:30 – 7:00 PM**
- **Friday 6:30 – 9:00 PM**

Please include names(s) of parent(s) attending with Child. Include last name if different from Family Last Name. *Children in child care through grade 5 may not attend without a parent present.*

| NAME | Adult or Grade | M/F | Session Attending | | | Childcare Available Newborn – Pre-K (Indicate Date of Birth) |
|------|----------------|-----|--------------------------|--------------------------|--------------------------|--------------------------------------------------------------------|
| | | | Sun 1:30 | Sun 4:30 | Fri 6:30 | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DOB: _____ |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DOB: _____ |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DOB: _____ |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DOB: _____ |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DOB: _____ |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DOB: _____ |

I understand that photos will be taken at GIFT and may appear on the parish website.

Are there any special accommodations your child receives at school? Please explain.

Are there any food/other allergies we need to be aware of?

Name: _____

Allergy: _____

Name: _____

Allergy: _____

Name: _____

Allergy: _____

Registration Fees – Please note: the Household Registration Fee is waived for Catechists; however they are still responsible for children's fees.

| | | | |
|-----------------------------------------------------------------------------------|------------------------------------------|----------------------------------------|-----------------|
| Household Registration Fee (waived for catechists – please see Volunteer Form) | Early Discount Fee \$75 | After August 15 \$125 | \$ _____ |
| Number of children (Grades: K – 5) _____ x \$15 = | | | \$ _____ |
| TOTAL REGISTRATION FEE | | | \$ _____ |

Please Note: If your child will be preparing for a sacrament this year, please fill out a Sacrament Registration form. Additional fees are indicated on the Sacrament Registration form.

One third of all fees due by August 15; 1/3 due December 1, 2017, and final 1/3 due March 1, 2018.
*Please make checks payable to St. Mary of the Hills. No one will be denied participation due to financial concerns.
 Please contact the Religious Education office at 248-844-8662 for information.*

For office use: Total \$ due _____ Amount paid _____ Check # _____ Date _____