



ST. JOSEPH CATHOLIC CHURCH

1722 N. Starr Dr. Fayetteville, AR 72701

479-442-0890 - www.sjfay.com

For Office Use Only:

I.D. #: _____

Family Name: _____

Received by: _____

Date Received: _____

Early Late

FAITH FORMATION 2020-2021

FAMILY INFORMATION - PRINT CLEARLY

Is your family registered at St. Joseph Catholic Church?

YES NO

You must be a parishioner at St. Joseph to be in the Faith Formation Program

Father's Name _____

Mother's Name _____

Guardian, if different _____

Mailing Address _____

City _____ Zip Code _____

FLOCKNOTE - EMAIL & TEXTING SERVICE

Email & Texting are the primary forms of communication for St. Joseph Children's Faith Formation programs. We will automatically add your cell phone(s) & email address(es) to our bulk Flocknote system. If you give us permission, your information will be used only for church purposes.

Mother's Cell (_____) _____

Mother's Email address _____

YES NO you may add my contact information.

Father's Cell (_____) _____

Father's Email address _____

YES NO you may add my contact information.

EMERGENCY CONTACT (NO PARENTS, PLEASE)

In the unlikely event of an emergency and you are unable to reach me, please contact:

Name

Relationship

Cell #

Name

Relationship

Cell #

Name

Relationship

Cell #

CATECHISTS & AIDES NEEDED!

The faith formation fee is 50% off for those serving as catechist or aide.

Are you interested in serving? YES NO
as catechist as aide as helper

What grade are you interested in serving? (circle one):

Preschool Kindergarten 1st 3rd

1st Communion 4th 5th 6th

Rite of Christian Initiation: For children For adults

Which session are you interested in serving? (circle one):

Sunday AM Sunday PM Wednesday

PERMISSION RELEASE (Read and Sign)

I/We do hereby give permission for my/our child/children to participate in St. Joseph's Faith Formation programs. I/we agree to hold the Diocese of Little Rock, St. Joseph's parish, staff and volunteers free from liability for any illness or injury that might be incurred by my/our child/children during these events unless the parties involved were careless or negligent.

In the event of an emergency, I/we hereby give permission to transport my/our child/children to a hospital for emergency medical or surgical treatment. I/We wish to be advised prior to any further treatment by the hospital or doctor. I/We agree to accept any and all Financial responsibility as a result of Emergency Medical Treatment.

I/We, the undersigned, **DO** or **DO NOT** (peal circle one) hereby consent that: St. Joseph Catholic Church may use the name, portrait, or other likeness of my child for St. Joseph Catholic Church bulletin boards, Website, news releases, media and promotional activities.

Father or Guardian Signature

Date

Mother or Guardian Signature

Date

INDIVIDUAL FAITH FORMATION SELECTIONS

LIST each child you wish to register, **CHOOSE** session & child leaves with & **CIRCLE** letter corresponding to the option

SESSION: A) Sunday, 10:15-11:15 AM B) Sunday, 3-4 PM C) Other
Child leaves with/ A) Both Parents M) Mother F) Father O) Other

Child's Full Name (Last & First)	Gender M / F	Date of Birth M/D/YR	School Grade 2020-2021	Session A B C	Child leaves with/ A M F O	Needs 1st Communion YES NO	Allergies or medical concerns? Explain:
1.		M / D / YR		A B C	A M F O	YES NO	
2.		M / D / YR		A B C	A M F O	YES NO	
3.		M / D / YR		A B C	A M F O	YES NO	
4.		M / D / YR		A B C	A M F O	YES NO	
5.		M / D / YR		A B C	A M F O	YES NO	
6.		M / D / YR		A B C	A M F O	YES NO	
7.		M / D / YR		A B C	A M F O	YES NO	

SACRAMENTAL PREPARATION INFORMATION

First Reconciliation & First Communion

- Child must be in 2nd grade or older
- Child must have already been Baptized
- Child must be actively attending one of the weekly Faith Formation options ONE full year prior to beginning 1st Communion classes
- Copy of Baptismal certificate must be provided at time of registration.
- Parents must attend the Sacramental Preparations meetings

RCIC (Rite of Christian Initiation)

If your child (age 7+) is not baptized or is baptized in another faith tradition, please indicate below so you can be contacted by Maria Vazquez, Director of Faith Formation.

Name _____

Contact # _____

FEE SCHEDULE

Early Registration: March 1st - August 15th

Faith Formation

\$30.00 per child
\$90.00 family max

1st Communion Year II

\$50.00 per child

Late Registration: After August 15th

\$50.00 per child
\$150.00 family max

\$70.00 per child

Please return the completed form to &
make check payable to:

St. Joseph Catholic Church

FOR OFFICE USE

Name	Faith Formation	Sacramental Prep		
		Penance	Eucharist	Year
1	\$	\$	\$	I II
2.	\$	\$	\$	I II
3.	\$	\$	\$	I II
4.	FREE	\$	\$	I II
5.	FREE	\$	\$	I II
6.	FREE	\$	\$	I II
7.	FREE	\$	\$	I II
Total Fees	\$	\$	\$	

Registration Fees Summary

Volunteer? YES NO

Total Faith Formation Fees Due \$ _____

Total Penance/Eucharist fees Due \$ _____

Total Fees Due \$ _____

Volunteer 50% Discount \$ _____

Total Fees Paid \$ _____

Pending Balance \$ _____

() CASH () CHECK # _____