

**St. John the Baptist Church
Children's Faith Formation Grades K – 8
2017 – 2018 Registration Form**

*Your family **MUST** be registered parishioners of St. John the Baptist Church to enroll your child(ren) in the Summer Program. Please read all Registration instructions carefully on both sides of the form.*

Please print clearly – ALL information is mandatory

REGISTRATION FEES	
Summer Program	Sunday / Home Program
One Child: \$220	One Child: \$195
Two Children: \$365	Two Children: \$315
Three or more: \$460	Three or more: \$420
Catechist Fees	Co-Catechist Fees
\$65 per child	One Child: \$100
	Two Children: \$150
	Three or more: \$215

Family Name	Home Phone #:	EMAIL Address:
Address:	City, State, Zip :	Faith Direct or Parish Envelope #
PARENT'S MARTIAL STATUS (please circle): Married Separated Divorce Remarried Widowed Single Parent		

Parent Information: Please circle Title for Mailing: Mr. & Mrs. / Ms. / Mr.

Father's Name:	Religion:	Work / Cell Phone #:
Mother's Maiden Name:	Religion:	Work / Cell Phone #:

***If necessary - Additional Parent Information: Please circle Title for Mailing: Mr. & Mrs. / Ms. / Mr.**

Name:	Relationship:	Email Address (optional):
Address:	City, State, Zip:	Work / Cell Phone #:

SUMMER REGISTRATION DIRECTIONS: Mail ALL completed forms and include registration payment to the parish center. You cannot postmark the envelope before Friday, February 17, 2017 and no later than Monday, March 6, 2017. No forms will be accepted in person at the parish center or rectory. No refunds will be issued.

Registration for Sunday Weekly and Faith @ Home: completed forms and payment are due no later Friday, April 7, 2017. All registration forms received after April 11th will be charged an additional \$100 late fee with the exception of new students. If you are having financial difficulties, please contact our Faith Formation Office at (201) 666-2707 ext 211. All conversations will be kept confidential.

St. John the Baptist Church Children's Faith Formation Grades K – 8 2017 – 2018 Registration Form

SUMMER PROGRAM REGISTRATION– parents must select another program such as Sunday or Home as an additional option.
Example: 1st Choice-1SA, 2nd Choice -1SB, 3rd Choice-3H. *** Summer and Sunday Programs are subject to catechist availability

1SA SUMMER– AM Session-8:30am to 12:00pm in June **1SB SUMMER** - Afternoon Session-1:00pm to 4:30pm in June
 Plus 8 return classes once a month on Sunday September through April are 9:00am to 9:45am followed by attending 10:00am Mass

2A Sunday Weekly Program (Grades 1-8) **3H – Faith @ Home Program** (Grades 1 through 8 – exception 2nd grade)
 9:45am to 12:00pm (Includes attending 10:00am Mass) Gatherings once a month from October through April

<i>First & Last Name of each child/children registering:</i>	<i>Birth Date</i>	PROGRAMS					<i>September 2017</i>		<i>Special Learning Needs or Concerns</i>
		<i>Gender</i>	<i>1st Choice</i>	<i>2nd Choice</i>	<i>3rd Choice</i>	<i>Grade</i>	<i>School</i>		
1.									
2.									
3.									
4.									

First Time Registration ONLY *******Sacrament Certificates*******

Please provide us with a copy of the certificate for any sacrament received at St. John the Baptist Church or another church.

Child's Name:	Date of Baptism	Date of First Communion	Date of Confirmation	Parish Name, City, & State

Office use only: Date form Rcvd. _____ # Rcvd. _____ Cat/Co-Cat _____ Aide _____ Grade _____ No. Of Children _____
 Registration Fee \$ _____ Amt Paid \$ _____ Check# _____ Cash Amt \$ _____ Payment Plan \$ _____ per month Monthly Payment Recv'd \$ _____
 Transfer from: _____ Special Circumstances: _____

Summer Parent Service Form

Name: _____ Phone #: _____ Family E-mail: _____

If you do not volunteer as a catechist or aide you must choose 3 service opportunities. Please number the options in the order of your preference on this double sided service form. All volunteers working with children must participate in "Protecting God's Children" training.

Summer Catechist / Co-Catechist / Aide (**please indicate your preference of 1st and 2nd choice). We will do our best to give each volunteer their session and grade preference)

___ AM Session (8:30am to 12:00pm) ___ PM Session (1:00pm to 4:30pm)

Catechist – Grade(s) _____ Co-Catechist - Grade(s) _____ Co-Catechist with _____

Classroom Aide – Grade(s) _____ Aide with _____ Date(s) Available: _____

Administrative Aide Positions for Office - Please indicate your preference of 1st and 2nd choice). Volunteers are assigned the same session as their child(ren).

___ AM Session (8:30am to 12:00pm) ___ PM Session (1:00pm to 4:30pm)

Circle the date(s) dates you are available: June 26, 27, 28, 29, 30

___ Office Assistant ___ Safety monitor ___ Parish Center Assistant

Service for Additional Formation Sessions – September, 2017 through April, 2018

Please check the position(s) that you are able to volunteer:

___ Substitute Catechist ___ Substitute Aide ___ Office Assistant

___ **Reception Team** – be part of a group of people who will be organizing the beverages and snacks before and during the Sunday monthly receptions.

****FORM CONTINUED ON OPPOSITE SIDE****

Summer Parent Service Form

Name: _____ Phone #: _____ Family E-mail: _____

If you do not volunteer as a catechist or aide you must choose 3 service opportunities. Please number the options in the order of your preference on this double sided service form. All volunteers working with children must participate in "Protecting God's Children" training.

HOSPITALITY - please check all the service opportunities that apply to you in preference order

_____ I will be a **Hospitality Coordinator for refreshments during the week of June 26-** responsibilities include organizing the provision of beverages, snacks, fruit, and goodies for the volunteers. List of participants will be provided to you by Program Coordinator.

_____ I will be a **Hospitality Coordinator for Set-up & Clean-Up during the week of June 26-** responsibilities include organizing the set up and clean up of the hospitality rooms in the Academy and Parish Center. List of participants will be provided to you by Program Coordinator.

_____ I will **set-up** Hospitality Room - responsibilities include arrive 20 minutes before session begins to set-up beverages and food. **Please circle an option(s) that you can volunteer.**

Option # 1 – 6/26 & 6/27

Option # 2 – 6//28, 6/29, 6/30

_____ I will **clean-up** Hospitality Room - responsibilities include arrive 15 minutes before session ends to clean coffee pots, and put remaining food in refrigerator. **Please circle an option(s) that you can volunteer.**

Option # 1 – 6/26 & 6/27

Option # 2 – 6//28, 6/29, 6/30

* **NOTE** – All parents, except catechists and aides, will be emailed by the Hospitality Coordinator to provide snacks, beverages, etc. for the volunteers.

SUPPORT POSITIONS - please check all the service opportunities that apply to you in preference order)

_____ **Professional nursing skills** – please circle dates you are available to be a nurse June 26, 27, 28, 29, 30

_____ **Little Angel Program Coordinator** – responsibilities include organizing the schedule of volunteers. List of volunteers will be provided to you by the Program Coordinator.

_____ **Little Angel Baby-sitter** – responsibility includes babysitting for volunteer's younger children during classes. Please circle Date(s) you are available to help: June 26, 27, 28, 29, 30. Please circle if you will need to bring a younger child with you - **Yes or No**

Sunday Weekly Program Service Form

Name: _____ **Phone #:** _____ **Family E-mail:** _____

Parish and family need to work in collaboration with one another in order to provide an example of a lived experienced of a vibrant faith-filled community. Please indicate where you feel called by God to volunteer. All adult volunteers working directly with children must attend the abuse prevention program "Protecting God's Children" workshop.

Sunday Catechist / Co-Catechist / Aide

Catechist – Grade(s) _____ **Co-Catechist** - Grade(s) _____ **Co-Catechist** with _____

Classroom Aide – Grade(s) _____ Aide with _____

Substitute Catechist _____ Grade(s) _____ **Substitute Aide** _____ Grade(s) _____

Office Support

_____ **Office Assistant** – assist the Program Administrator in the CCD office during class.

_____ **Safety monitor** – monitor the hallway during class.

_____ **Translator** – Language(s) you speak _____

Hospitality

_____ I will be a **Hospitality Coordinator** - organize receptions after Children's Masses for the Sunday Weekly program families. Dates to be determined. List of volunteers' will be provided to you by the Program Administrator.

_____ I will provide a goodie and or juice for the monthly reception in the academy (**peanut free snacks**)

Faith @ Home Service Form

_____ **Reception Team** – be part of a group of people who will work collaboratively in the parish center kitchen for monthly receptions.

St. John the Baptist Children's (CCD) Faith Formation Grades K through 8 Emergency Form for 2017 - 2018

Please include all allergies and medical conditions. All information will be kept confidential.

Please print clearly

Parent Name:	Home Phone #:	Emergency Phone #
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Allergies and other medical conditions: Please explain your child's current allergies, medical or special learning conditions in the boxes provided below. **PLEASE GIVE SPECIFIC DETAILS.** This information will be kept in strict confidence.

Please fill in the information below for each child you are registering.

First and Last Name:	Medical Condition:	Medicine(s):	Allergies	Special Needs / Learning	Concerns
1.					
2.					
3.					
4.					

In case of emergency and parent is not available, please contact:

Adult Name:	Contact Number:	Relationship to Child:
Adult Name:	Contact Number:	Relationship to Child:

Medical Contact Information:

Child Physician:	Phone Number:	Nearest Hospital to take child::
Child Dentist:	Phone Number:	

In case of an accident or serious illness, I request the parish to contact me. If the parish is unable to reach me I hereby authorize the parish to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician the parish may make whatever arrangements they deem necessary.

Parent Signature: _____

Date: _____

St. John the Baptist Children's (CCD) Faith Formation 2017 – 2018 Registration Check List

Name: _____

Family Email: _____

REMINDER – Summer Registration must be mailed and cannot be postmark before Friday, February 17 and no later than Monday, March 6. Deadline for ALL registration forms is Friday, April 7th.

- My family is registered parishioners of St. John the Baptist Church. I have included our envelope number on the registration form. ** If you do not have an envelope number contact Kathy Breitenbach, Registrar at kbreitenbach@stjohnhillsdale.com or call 201-666-2707 ext 211 before mailing your forms.
- Completed both sides of Registration Form with ALL information required
- Summer Program enrollment – included summer option(s) and an additional program with my choices (ex. 1SA,1SB, 3H)
- Completed All Service Forms - Have you attended "Protecting God's Children? Yes or No
- Completed Emergency Form
- If your child has any learning or medical difficulties, you have made us aware on the Registration and Emergency Form (*this information is kept confidential*)
- Included Registration Fee – check payable to St. John the Baptist Church. Mail forms to St. John the Baptist Church One Valley St. Hillsdale, NJ 07642 Attn: Registrar
- New parishioner and/or new CCD student a copy of their sacramental certificates is enclosed (example St. John the Baptist Church Baptismal certificate)
- Have included this **CHECKLIST** with all Registration forms and fee