

St. Aidan Catholic Church - Children's Faith Formation - Registration

General Information

Surname: _____

Phone: _____

Email: _____

Address: _____

City: _____

State: Michigan

Zip Code: _____

Tuition

Elementary & Junior High
\$99 for 1st child, \$33 for each additional child

Sacramental Preparation
(for 1st Eucharist & Confirmation)
\$27.50

Non-parishioner
\$220 for 1st child, \$44 for each additional child

Replacement Fee
(for lost or damaged textbooks)
\$15

Parent Information

Father's First Name: _____

Mother's First Name: _____

Religion: _____

Maiden Name: _____

If different from what is listed above, please fill out below...

Religion: _____

Phone: _____

If different from what is listed above, please fill out below...

Email: _____

Phone: _____

Address: _____

Email: _____

City: _____

Address: _____

State: _____

City: _____

Zip Code: _____

State: _____

Zip Code: _____

General Miscellaneous

New to Program?: yes _____ no _____

Returning Family

If new, what parish did you attend? _____

Is any of the information on this page new? yes _____ no _____

(If yes, church office will be informed so parish records can be kept up-to-date.)

Child/Children reside with: _____

Office Use Only

Tuition:	Check # _____	Cash: _____	
Amount Paid: _____	Balance Due: _____		
Date Registered: _____	Date of Payment: _____		

Surname: _____

Student(s) Information

Name: _____ Surname: _____ (if different from other side) School: _____ Grade in fall: _____ Received Date of Birth: _____ Baptism? _____ Class Day: Sun. Elementary Received Mon. Elem. or Jr. High Eucharist? _____ Tues. Elem. or Jr. High Received Confirmation? _____	Name: _____ Surname: _____ (if different from other side) School: _____ Grade in fall: _____ Received Date of Birth: _____ Baptism? _____ Class Day: Sun. Elementary Received Mon. Elem. or Jr. High Eucharist? _____ Tues. Elem. or Jr. High Received Confirmation? _____
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Class Options

<i>Elementary</i>	<i>Junior High</i>	<i>Confirmation Program</i>
Sunday 10:45 a.m. to Noon.	Monday or Tuesday	4 classes held April thru September
Monday 5:00 p.m. to 6:15 p.m.	7:00 p.m. to 8:15 p.m.	Includes over-night retreat.
Tuesday 5:00 p.m. to 6:15 p.m.		(extra cost)

Emergency/Medical Information

If the person(s) listed on the other side of this form cannot be reached, who do you list below as an emergency contact? Name: _____ Relationship: _____ Home Phone: _____ Work Phone: _____	Special Medical Considerations for child(ren): (Please note to which child the information relates.) _____ _____ _____ _____ _____
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In the event of an emergency, the Faith Formation personnel of St. Aidan Catholic Church are authorized to seek medical treatment for my child(ren).

Signature of Parent or Legal Guardian _____ Date _____

Finished? Click the [button now. Email completed form to religioused@staidanlivonia.org](mailto:religioused@staidanlivonia.org)