

# Transfiguration Catholic Church Family Formation

All questions answered in confidentiality.  
 Please return this form with your payment.  
 to Transfiguration Faith Formation:  
 6133 15th Street N, Oakdale, MN 55128

Attn: Martha Praska

PLEASE PRINT

Last Name of Child(ren) \_\_\_\_\_

Parent(s)/Guardian/Adult responsible for Faith Formation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ I can donate \$ \_\_\_\_\_ to the Faith Formation Scholarship fund.  
 Please include with your payment.

If mailings should be sent to an additional address, please fill in 2<sup>nd</sup> Address:

2<sup>nd</sup> Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is your family registered at Transfiguration? Yes No (please circle)

Parent(s)/Guardian/Adult: E-mail \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_ Home Phone \_\_\_\_\_ cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_ Home Phone \_\_\_\_\_ cell \_\_\_\_\_

Parent Last Name if different than student \_\_\_\_\_

Emergency Contact Name (other than parent) \_\_\_\_\_ Home Phone \_\_\_\_\_

Is there anyone besides parent/guardian who will be regularly picking up your child(ren)? \_\_\_\_\_

\*Payment plan is available for those who cannot pay in full at this time. Please check box if you are interested.

# Registration

<b>Tuition:</b>
<b>Grade</b>
Grade 1 - 6
Grade 7 Confirmation
Grade 8 Confirmation

<b>If registered by September 5, 2019</b>	
<b>Coordinator</b>	<b>Tuition</b>
Melissa Phinney	\$100* per Youth
Justin Shay	\$100 per Youth
Justin Shay	\$250* per Youth **

\*Add an extra \$15 per child if not paid by Sep 5, 2019  
 \*\*Includes additional Confirmation costs

## VOLUNTEER

We depend on you to make our ministries work. Please let us know how you would like to serve.

Assistant for Grade \_\_\_\_\_

Youth Ministry Committee

Family Formation Committee

Indicate here if there is other pertinent information we need to be aware of and provide relevant details on the reverse side of this form.

May we use your child's photo for a promotion? Yes No (please circle)

I have read the information in the purple registration booklet and understand the commitment I am making for my family. My child will attend the full time of the session for which we registered.

(Parent Signature) \_\_\_\_\_

Please fill in all requested information

Please fill in all requested information						SACRAMENTS RECEIVED			SACRAMENTAL PREPARATION NEEDED - begins in the Fall			Sunday 9:30-10:30	
Child(ren) Names - Begin with oldest to be registered	Sex M/F	Date of Birth	Grade as of Sept. 1, 2019	School attending this Fall	Allergies or Special needs: Y/N *please explain	Baptism	Reconciliation	Eucharist	Reconciliation Gr. 2 & up	Eucharist Gr. 2 & up	Confirmation Gr. 7 & 8	Gr. 1-6 First Sunday of the Month	Confirmation Gr. 7 & 8

FOR OFFICE USE ONLY: \_\_\_\_\_ Registration Date \_\_\_\_\_ Total Due \_\_\_\_\_ Amount Paid \_\_\_\_\_ Credit Card \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Balance Due \_\_\_\_\_ Received By \_\_\_\_\_  
 Other Information \_\_\_\_\_