

**Saint Elizabeth Seton Parish
Faith Formation Program
Fall 2018 Registration**

Family Last Name: _____ Home Telephone: () _____ - _____

Father's Name/Guardian: _____ Mother's Name & Maiden : _____

Address: _____ Town/City: _____

Father's Cell Phone: () _____ - _____ Mother's Cell Phone: () _____ - _____

Father's Work Phone: () _____ - _____ Mother's Work Phone: () _____ - _____

Current Family e-mail address: _____

**WEEKLY PROGRAMS: GRADES 1 - 6
CHOICE OF MONDAY, TUESDAY, WEDNESDAY**

Please Print: Child's First Name Last Name if family name not the same	Sex	Date of Birth	Grade as of Fall 2018	School	Day 1 st Choice/2 nd Choice	Bapt. Yes/No	Reconcil. Yes/No	1 st . Comm. Yes/No

**SUNDAY PROGRAMS:
EDGE PROGRAM – GRADES 7-8, 2nd and 4th Sundays of the Month
LIFE TEEN – GRADES 9 – 12, 1ST AND 3RD Sundays of the Month**

Please Print: Child's First Name Last Name if family name not the same	Sex	Date of Birth	Grade as of Fall 2018	School	Specify Program (EDGE or LIFE TEEN)	Bapt. Yes/No	Reconcil. Yes/No	1 st . Comm. Yes/No

Volunteers Needed: If you teach a class or serve as EDGE or Life Teen Core Member, no tuition fee is assessed for your children.

I _____ am interested in teaching/assisting with grade(s): _____ (please be specific)

