**STA K-5 Faith Formation Registration**

**School Year: August, 2025 through May, 2026**

This is *only for students NOT ENROLLED in either the first or second year of sacrament prep*.

If

* Your child will be in kindergarten as of August, 2025 **OR**
* Your child will be in 3rd, 4th, or 5th grade as of August, 2025 **AND** has received First Holy Communion,

Please complete this registration:

Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_M/F: \_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_

Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Maiden)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade in School as of August 2025: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_

**K-5 Faith Formation Session Selections:**

Sundays (9:00-10:15) \_\_\_\_\_\_ Wednesdays (5:30-6:45) \_\_\_\_\_\_\_

**Tuition:**

* $60 by August 10, 2025. $75 on/after August 11, 2025 (Registration is complete upon receipt of tuition.)
* PAID: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Cash Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_ Check No. \_\_\_\_\_\_\_\_\_

**Accommodations and Allergy Alerts:** Please note any accommodations your child should receive and/or any allergies/medications we need to be aware of. Note: This information is strictly confidential and will not be shared with anyone other than the catechist. If you prefer, please see Michaela Meyers or contact her at michaela@stanpr.org or ext. 133.

**Media Release:** I authorize and give full consent to photograph my child during parish activities and events. This may be used in the parish bulletin, parish web site, parish social media, or in parish bulletin boards. Please note, the child’s name will never be published.

* I **DO \_\_\_\_\_\_\_\_ DO NOT\_\_\_\_\_\_\_** give permission for my child’s likeness to be included in such publicity releases.

**Sponsor Tuition:** \_\_\_\_\_\_\_\_ I would like to sponsor tuition for a student unable to pay.

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_**