

G.I.F.T.

2018-2019 **GROWING IN FAITH TOGETHER** REGISTRATION

BELLARMINA CHAPEL
SUNDAY MORNING FAITH FORMATION PROGRAM

CHILD'S NAME _____
first last (nickname or name commonly used)

NAMES OF SIBLINGS IN PROGRAM _____

DATE OF BIRTH _____ PARISH _____

SCHOOL _____ GRADE _____ AGE _____

PARENT _____ PHONE _____ EMAIL _____
(1st to contact in emergency) name cell

PARENT _____ PHONE _____ EMAIL _____
name cell

ADDRESS _____
street city/state zip

FAMILY HOME PHONE _____

WHAT IS THE BEST WAY TO CONTACT YOU? _____

EITHER PARENT'S ADDRESS/HOME PHONE IF DIFFERENT THAN CHILD'S:

Please check sacraments received:

Baptism Eucharist Reconciliation Confirmation

PLEASE let us know if there is anything about your child that we should be aware of and that will help us teach him/her more effectively. Be sure to include any fears or concerns your child has:

Condition	NO	YES	EXPLAIN
Food or other allergy			
Medical condition			
Learning disability			
Other			

Would you be willing to be a class parent? (Help occasionally in class, make phone calls, etc.?)
yes _____ no _____

Parent signature _____ Date _____

Please note: for the PreK/Kdg. classes on Sunday morning, space will be limited. Priority registration will be given to children with siblings in Grades 1-6 and children of catechists. Registration forms are due in by August 31, 2018.

Dear Parents/Guardians,

Please indicate below who will normally be picking up your child from the Sunday Morning (GIFT) Program and include a telephone number for that person.

Please also include names and numbers of other people who have permission to pick up your child.

CHILD'S NAME: _____ GRADE: _____

NAME OF PERSON WHO WILL MOST OFTEN BE PICKING UP YOUR CHILD:

NAME: _____ PHONE: _____

OTHER PEOPLE WHO HAVE PERMISSION TO PICK UP YOUR CHILD:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

If there is anyone specific to whom your child cannot be released, please disclose that information, with a description or picture included with this form. In cases of custody dispute, a copy of the court order is requested.

Your child will not be released to persons other than those mentioned on this list unless an updated list is provided with a signature. Persons picking up your child may be asked to have proof of ID with them if the teacher does not recognize them.

PARENT SIGNATURE _____ DATE _____

***Fee: \$100.00 for children of families registered at Bellarmine Chapel,
(\$130.00 for students from other parishes).
Multiple child discount: 2nd child: \$75.00; 3rd child \$50.00; 4th child free.
(Maximum of \$225 for Bellarmine families)**

**Make checks payable to Bellarmine Chapel. (If fee is a hardship, please contact Jane.)
Mail to: Jane Myers, Bellarmine Chapel, 3832 Saint Francis Xavier Way, Cinti, OH 45207**

Total \$ _____ Check # _____