

Family Last Name: _____

Father: _____ **Religion** _____

Cell # _____ **Work #** _____

Email: _____

Mother: _____ **Religion** _____

Cell # _____ **Work #** _____

Email: _____

Home #: _____

Address: _____

City/St./Zip: _____

Child(ren) resides with: (circle all that apply)

Both Parents **Father** **Mother** **Step Parent** **Other**

Send payment to: **Assumption Faith Formation Office**
6391 Belmont Ave., Belmont, MI 49306

Tuition:
One child \$ 90.00
Two children \$110.00
Three or more \$125.00

Talents I could share with the Faith Formation Program, i.e. substitute teach, catechist, catechist helper, musical abilities, hall monitor, website support, etc.

MEDIA RELATIONS/PROMOTIONS RELEASE-PLEASE SIGN BELOW

I give my permission to Assumption B.V.M., Belmont, MI, to use photographs, videotape, website photos, or any likeness for publicity purposes and the use of statements made by or attributed to my child/children relating to the Catholic Diocese of Grand Rapids for this or similar promotions and grant the Assumption B.V.M. any and all rights to said use without further compensation. It is my understanding that my signature below releases the Catholic Diocese of Grand Rapids from any financial or legal responsibilities for the use of this media relations/promotional material(s).

Yes No Signature

Class Time Choices for 2017-2018

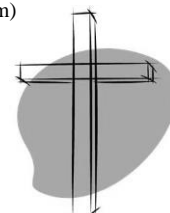
PRE, K, & 1st Sun. / 11:00 AM – 12:00 PM (traditional program)
Ages 4-6 Catechesis of Good Shepherd (a.k.a. CGS) **TBD**

GR 2-6 Wed. / 4:30 – 6:00 PM - (traditional program)

GR 1-7 Wed. / 6:30 – 8:00 PM - (traditional program)

Confirmation **TBD**

GR 6-8 Youth Group Sun. 6:30 PM-8:00 PM (no charge)



1st Child (First & Last): _____

D.O.B.: _____ Gr. in the fall of 2017: _____

Name of school (not district): _____

Time: (Circle) Sun AM or PM WED 4:30 or 6:30 PM CGS

Sacraments Received (Circle all that apply):

Baptism Reconciliation Eucharist Confirmation

2nd Child (First & Last): _____

D.O.B.: _____ Gr. in the fall of 2017: _____

Name of school (not district): _____

Time: (Circle) Sun AM or PM WED 4:30 or 6:30 PM CGS

Sacraments Received (Circle all that apply):

Baptism Reconciliation Eucharist Confirmation

3rd Child (First & Last): _____

D.O.B.: _____ Gr. in the fall of 2017: _____

Name of school (not district): _____

Time: (Circle) Sun AM or PM WED 4:30 or 6:30 PM CGS

Sacraments Received (Circle all that apply):

Baptism Reconciliation Eucharist Confirmation