

**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.**

\_\_\_\_\_  
\_\_\_\_\_

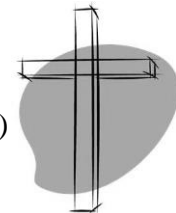
**MEDIA RELATIONS/PROMOTIONS RELEASE-PLEASE SIGN BELOW**

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 2018-19**

PRE, K, & 1<sup>st</sup> Sun. / 11:00 AM – 12:00 PM (traditional program)  
Ages 4-6 Catechesis of Good Shepherd (a.k.a. CGS) 4:30 PM or Thurs 9:00AM  
GR 1-7                      Wed. / 4:30 – 6:00 PM - (traditional program)  
GR 1-7                      Wed. / 6:30 – 8:00 PM - (traditional program)  
Confirmation    Sundays, 12:15-2:00 PM  
GR 6-8 Youth Group Sun.    6:30 PM-8:00 PM (no charge)  
Special needs (individually decided with the parents)



**1<sup>st</sup> Child** (First & Last): \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_ Gr. in the fall of 2018: \_\_\_\_\_

**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

**2<sup>nd</sup> Child** (First & Last): \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_ Gr. in the fall of 2018: \_\_\_\_\_

**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

**3<sup>rd</sup> Child** (First & Last): \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_ Gr. in the fall of 2018: \_\_\_\_\_

**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