

2011-2012 Faith Enrichment Program (FEP) Registration Grades Pre K– 5

DATE:

FAMILY
LAST NAME:

PARENT'S
FIRST NAME(S):

FAMILY INFORMATION

MAILING ADDRESS		PHONE NUMBERS	
HOUSE NUMBER & STREET or P.O. BOX:		DAYTIME: () –	
CITY:	ZIP CODE:	EVENING: () –	
Has your mailing address changed within the past year?		Has your phone number changed in the past year?	
<p style="margin: 0;">YES NO</p>		<p style="margin: 0;">YES NO</p>	
E-MAIL ADDRESS			
PREFERRED E-MAIL ADDRESS:		<input type="checkbox"/> Check here if you would like to be contacted electronically about FEP news and updates.	
EMERGENCY CONTACT			
In the event of an emergency and the parents are unable to be contacted who should we call?			
NAME:	PHONE NUMBER:	RELATIONSHIP TO CHILD(REN):	

All Saints Parish occasionally uses **group** photos of church events and programs in displays, brochures and on the website to communicate the importance of parish life to our members.

Please sign here if you **do not want** group pictures, including your child(ren) used. _____

Would you be willing to consider volunteering in some way? YES NO

CONTINUE TO OTHER SIDE FOR INDIVIDUAL CHILD INFORMATION

SPECIAL REGISTRATION INFORMATION

- This registration form does not constitute registration for a sacrament. If you wish for your child to receive First Eucharist (2nd grade) there is a separate registration and fee.
- Complete schedules for all classes will be sent in the fall.

CHILD INFORMATION

CHILD'S FIRST & LAST NAME:	DATE OF BIRTH:	SEX:	GRADE: (FALL 2011)
	m m d d y y y y	M F	
SPECIAL NEEDS (i.e. allergies, ADHD, physical disabilities, asthma, etc.):		FEP CLASS CODE: (1 st & 2 nd choice)	
		1. 2.	

FEP CLASS CODES (Fall 2011– Spring 2012)

Preschool - Kindergarten

09S Sunday 9:00 AM
11S Sunday 11:00 AM

CHILD'S FIRST & LAST NAME:	DATE OF BIRTH:	SEX:	GRADE: (FALL 2011)
	m m d d y y y y	M F	
SPECIAL NEEDS (i.e. allergies, ADHD, physical disabilities, asthma, etc.):		FEP CLASS CODE: (1 st & 2 nd choice)	
		1. 2.	

Grade 1

09S Sunday 9:00 AM
11S Sunday 11:00 AM

CHILD'S FIRST & LAST NAME:	DATE OF BIRTH:	SEX:	GRADE: (FALL 2011)
	m m d d y y y y	M F	
SPECIAL NEEDS (i.e. allergies, ADHD, physical disabilities, asthma, etc.):		FEP CLASS CODE: (1 st & 2 nd choice)	
		1. 2.	

Grades 2– 5

06T Tuesday 6:00 PM
05W Wednesday 5:30 PM
07W Wednesday 7:00 PM

CHILD'S FIRST & LAST NAME:	DATE OF BIRTH:	SEX:	GRADE: (FALL 2011)
	m m d d y y y y	M F	
SPECIAL NEEDS (i.e. allergies, ADHD, physical disabilities, asthma, etc.):		FEP CLASS CODE: (1 st & 2 nd choice)	
		1. 2.	

CHILD'S FIRST & LAST NAME:	DATE OF BIRTH:	SEX:	GRADE: (FALL 2011)
	m m d d y y y y	M F	
SPECIAL NEEDS (i.e. allergies, ADHD, physical disabilities, asthma, etc.):		FEP CLASS CODE: (1 st & 2 nd choice)	
		1. 2.	