

St. Eugene's Generations of Faith: Registration Form

(Please print legibly)

Household Name: _____

Number of household members who will be participating in Generations of Faith: _____

Please indicate Formation Level (as of September 2010) from one of the following:

Adult (35yrs. +) High School (Gr. 9 – 12) Junior High (Gr. 7 – 8) Children (Gr. K – 6)

Name: _____ Level: _____

Name: _____ Level: _____

Name: _____ Level: _____

Name: _____ Level: _____

Name: _____ Level: _____

Name: _____ Level: _____

Annual Fee for All Sessions:

Number of Attendees _____ x \$50 = Family Fee _____ (Max. \$200)

Single Session Fee:

\$10.00 per person for each session.

This fee includes all program materials and food. Please make checks payable to St. Eugene's Religious Education. If the fee is ever a difficulty, confidential arrangements can always be made with Diane Drew, DRE – 542-1525.

Please indicate the day of your preference

Sunday 10:00 AM – 12:30 PM

2010 Dates: 9/12, 11/14
2011 Dates: 1/23, 3/20, 5/15

Monday 6:00 PM – 8:30 PM

2010 Dates: 9/13, 11/15
2011 Dates: 1/24, 3/21, 5/16

If you have anyone involved in sacramental programs (Reconciliation, First Communion, Confirmation, RCIA) and youth ministry (Junior High, Senior High) please see additional registration forms and fees. All sacramental programs will involve attendance at Generations of Faith gatherings.

Please complete both sides of this form

(Please print legibly)

Household Contact (To whom we address mail): _____

(Circle title: Mr. / Mrs. / Ms. / Mr. & Mrs. / Sr.)

First Name

Last Name

Address: _____

No.

Street

Apt. #

City

State

Zip Code

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

In Case of Emergency, call: Name: _____

Telephone: _____

- | | | |
|--|-----|----|
| 1. Are you interested in childcare provided for toddlers (ages 1-4) during sessions? | Yes | No |
| 2. Would you be willing to serve as part of a childcare cooperative during sessions? | Yes | No |
| 3. Does anyone in your household have any special needs of which we should be aware? | Yes | No |
| Please describe: _____ | | |
| 4. Does anyone in your household have any food allergies? | Yes | No |
| Please describe: _____ | | |

Fees:

Amount owed: _____

Amount paid: _____

All fees must be paid by December 31, 2010. If payments need to be made, please contact Diane Drew – 542-1525 or email diane@steugenes.com.