

2017-18 Faith Formation Registration

For New Prague Area Catholic Community

Family Last Name _____ **Parent's First** _____

E-mail address: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Worship Site *(circle one)* St. Wenceslaus St. Johns St. Scholastica Other _____
 (____ *please contact me about becoming a church member*)

Program Choices:

1. Disciples of Christ <small>(wed evening)</small>	Gr 1-8	Sept-Apr	Wed 6:15-7:30pm	\$ 80
2. Disciples @ Home <small>(home study)</small>	Gr 1-8	<i>(Dates/Time=Family Preference)</i>		\$ 30
3. Confirmation	Gr 9-10	Sept-Apr	Varies~Sun 8:45-11:30 some 4:00-7:00 <small>(+additional days according to schedule)</small>	\$125
4. Youth Alive	Gr 11-12	<i>(Dates/Time=Group Preference)</i>		\$ 80

Children's Names	Grade	Choice #	Health and/or Special needs
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	Fall 2017	Choice # _____ <small>(# from above)</small>	
	Fall 2017	Choice # _____ <small>(# from above)</small>	
	Fall 2017	Choice # _____ <small>(# from above)</small>	
	Fall 2017	Choice # _____ <small>(# from above)</small>	

- Catechists and catechist's assistants receive a **1 child free, plus other children 50% off tuition**
Background check & virtue training is required.
- Will you be a catechist? Yes No Grade _____ or....contact me with more information. _____
- Please initial here if you don't want any pictures posted of your children in our programs. _____

*For more information www.npcatholic.org
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