

## Faith Formation Program Registration

Class	Child's Name		Cost per child	Total
Sunday Afternoon Program Grade: Pre, K, 1 & 3			\$40.00 Includes Book Fee	
First Sacraments Preparation - Grade 2			\$55.00 Includes Book Fee	
Sunday Evening Program Grade 4 - Grade 12			\$50.00 Includes Book & Snack Fee	
Confirmation Prep			\$55.00 Includes Book & Snack Fee	
Make check payable to Risen Christ			<b>Grand Total=</b>	

Donations in addition to the above fees assist with scholarships so all may participate in our program. Thank you for your generosity. Our faith formation program would not be successful without the time and talent of our volunteer catechists (their program fees are waived).

My child/children \_\_\_\_\_ wish to participate in the Faith Formation Program and all trips and activities planned as part of the program and as a condition of his/her being allowed to do so, I, hereby release and discharge the Diocese of Boise, its constituent organizations, including, but not limited to RISEN CHRIST CATHOLIC COMMUNITY and their officers, agents and employees from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damage are caused by the negligence (active or passive), of any of the entities or individuals named or described above.

I hereby, warrant and represent that he/she is physically fit and capable of taking part in such activity. I make this warranty and representation on the basis of advice given him/her by a duly licensed medical doctor/nurse within the last six months, and I know of no such change in his/her medical conditions since receiving such advice that would affect the opinion of said medical doctor/nurse. He/She agrees to abide by the rules and regulations governing the above described activity and to obey any instructions given by the person or persons having supervision and control over the activity.

I warrant and represent that I am eighteen years of age, or over, and upon request will produce satisfactory proof of such fact.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature: \_\_\_\_\_

# Risen Christ Religious Education Registration

Family Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Family e-mail \_\_\_\_\_

To whom and with what title should mail be addressed? \_\_\_\_\_

Address \_\_\_\_\_  
(Number) (Street) (City/State/Zip)

In case of emergency contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_ Emergency Relationship: \_\_\_\_\_

Father's Name _____	Religion _____	Occupation _____	Wk Phone _____
Mother's Name _____	Religion _____	Occupation _____	Wk Phone _____
Mother's Maiden Name _____			

**Please fill out this section only if this is your first year in Risen Christ Religious Ed**

Child's Name (last if different)	Gender	Birth Date	Grade	School	Baptism Place/Date	First Eucharist Place/Date	Confirmation Place/Date

Please specify if child(ren) have any special needs such as medical/learning etc.	Where did child(ren) participate in Religious Education last year if not at Risen Christ.
-----------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

**Please check ALL that apply**

- |                                              |                                                                  |
|----------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> 2 parents at home   | <input type="checkbox"/> Dad has remarried                       |
| <input type="checkbox"/> Mother deceased     | <input type="checkbox"/> Child(ren) with Dad                     |
| <input type="checkbox"/> Father deceased     | <input type="checkbox"/> Child(ren) with adult other than parent |
| <input type="checkbox"/> Divorced/Separated  | Name and religion of step-parent _____                           |
| <input type="checkbox"/> Mom has remarried   | _____                                                            |
| <input type="checkbox"/> Child(ren) with mom | _____                                                            |

Name and address if mail should also go to non-custodial parent

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>		
Amt. due _____	Amt. Paid _____	Balance due: _____
Check # _____	M.O. # _____	Cash _____

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_