

# St. Anthony CFF Registration Form for New Families 2017-18

Mail or drop off at the St. Anthony CFF Office at 260 Forest Ave. Ambler, PA 19002  
Questions? Contact the CFF Office at 215-646-6150 Ext. 2

Office Use Only

PLEASE PRINT CLEARLY AND COMPLETE BOTH SIDES

## Section A : Parent Information

Father

Mother

First and Last Name \_\_\_\_\_

Religion \_\_\_\_\_

Primary Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Email address for weather cancellations, weekly CFF updates and parish news \_\_\_\_\_

Are there any custody/legal issues? \_\_\_ yes \_\_\_ no If yes, please provide a copy of the most recent court documents.

If applicable-Full Name of Stepparent/Guardian \_\_\_\_\_

We are registered parishioners of St. Anthony \_\_\_ Yes \_\_\_ No—our parish is \_\_\_\_\_  
and we have received pastoral permission to register our children in St. Anthony's CFF Program.

## Section B: Family Information

Send Family Mailings to: \_\_\_\_\_

Name

Mailing Address: \_\_\_\_\_

Address

City

Zip Code

Emergency Contact if we cannot reach a parent: Name: \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## Section C: Family Tuition Fees/Volunteer Tuition Credit Information

Kindergarten	One Student (Gr. 1-6)	Two Students (Gr. 1-6)	Three + Students (Gr. 1-6)
\$100	\$175	\$300	\$400

Checks payable to St. Anthony Church. (\*Payment Plan is available but a minimum payment of \$50 per child is required.)

### CFF Fulltime Volunteers (18+ years) receive Full Tuition Credit for their family.

I (We) would like to be a fulltime CFF Volunteer. I (We) understand that all positions are subject to availability and that I (we) will commit to volunteering from September 2017 to April 2018, will submit all background check and attend required training. CFF will be a family priority and I (we) will attend all sessions and formation workshops. Volunteers and their children will be assigned to the same day and time session.

Name(s): \_\_\_\_\_ Adult/Teen  
\_\_\_\_\_ Adult/Teen

Volunteers: Please indicate your first and second choices for volunteer role and session choice

\_\_\_ Catechist      \_\_\_ Assistant      \_\_\_ Office Assistant      \_\_\_ Teen aide  
\_\_\_ Tuesdays 4:30-6:00      \_\_\_ Tuesdays 6:30-8:00      \_\_\_ Wednesdays 4:30-6:00

For Office Use Only: Amount Received \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

## Section D: CFF Faith Formation Session Selection

Number a 1st and 2nd choice. You will be notified if your 1st choice is not available due to limited class size.

\_\_\_\_\_ Tuesdays 4:30-6:00

\_\_\_\_\_ Tuesdays 6:30-8:00

\_\_\_\_\_ Wednesdays 4:30-6:00

Child's Formal Name \_\_\_\_\_  
First Last

Child's Preferred Name \_\_\_\_\_

For Office Use Only

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male / Female

School \_\_\_\_\_ Grade 2017-18 \_\_\_\_\_

Help us provide the best faith formation possible for your child by letting us know about the special circumstances in your child's life that can have an impact in a classroom setting. Does your child receive learning support or have an IEP in school, have allergies that require an Epi pen, take medication on a regular basis or has your child recently experienced a life altering event (death, divorce, recent move)? \_\_\_\_\_  
If yes, please describe.

Baptismal Information: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Church \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Parents' Names as recorded on Baptismal Certificate...

Father: \_\_\_\_\_ Mother (Maiden Name): \_\_\_\_\_

If not baptized at St. Anthony Parish, you must attach a copy of the Baptismal Certificate for our records.

Has child received the following sacraments? Reconciliation: Yes / No Eucharist: Yes / No Confirmation: Yes / No

Additional Child's Formal Name \_\_\_\_\_  
First Last

Child's Preferred Name \_\_\_\_\_

For Office Use Only

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male / Female

School \_\_\_\_\_ Grade 2017-18 \_\_\_\_\_

Help us provide the best faith formation possible for your child by letting us know about the special circumstances in your child's life that can have an impact in a classroom setting. Does your child receive learning support or have an IEP in school, have allergies that require an Epi pen, take medication on a regular basis or has your child recently experienced a life altering event (death, divorce, recent move)? \_\_\_\_\_  
If yes, please describe.

Baptismal Information: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Church \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Parents' Names as recorded on Baptismal Certificate...

Father: \_\_\_\_\_ Mother (Maiden Name): \_\_\_\_\_

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Has child received the following sacraments? Reconciliation: Yes / No Eucharist: Yes / No Confirmation: Yes / No

## Section E: Parental Signature Required

↑  
I will read the Parent Handbook made available at Family Orientation and online at [www.saintanthonyparish.org](http://www.saintanthonyparish.org) (CFF link) and agree to the requirements and expectations of the St. Anthony Religious Education Program. ↑

I give permission for my child's picture (with the understanding that my child(ren) will **not** be identified by name) to appear on CFF and Church bulletin boards, local newspaper advertisements or articles, and St. Anthony's web page in relation to events that happen in the parish.

I give permission that, in my absence, my children whose names appear on this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at St. Anthony Parish.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_