



Family Faith Formation 2010-11 Registration

GENERAL FAMILY INFO

Last Name _____ Heads of House _____

Address _____

Phone #1 _____ Phone #2 _____ Phone #3 _____

Email #1 _____ Email #2 _____

GA Registered Parishioners Yes No

ADULT CATECHESIS

RCIA-Baptism, Holy Communion, Confirmation AND/OR Adult Session

Name _____

Name _____

YOUTH GROUP (Middle School & High School)

Name _____ Grade _____ MS HS

Sacraments: Year Completed: Baptism _____ Reconciliation _____ Holy Communion _____ Confirmation _____

Name _____ Grade _____ MS HS

Sacraments: Year Completed: Baptism _____ Reconciliation _____ Holy Communion _____ Confirmation _____

Name _____ Grade _____ MS HS

Sacraments: Year Completed: Baptism _____ Reconciliation _____ Holy Communion _____ Confirmation _____

CHILDREN'S EDUCATION (K-5th Grade)

Name _____ Grade _____

Sacraments: Year Completed: Baptism _____ Reconciliation _____ Holy Communion _____

Name _____ Grade _____

Sacraments: Year Completed: Baptism _____ Reconciliation _____ Holy Communion _____

Name _____ Grade _____

Sacraments: Year Completed: Baptism _____ Reconciliation _____ Holy Communion _____

EMERGENCY CONTACT

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

MEDICAL (allergies, medications, glasses)

Name _____ Describe: _____

CONFIDENTIAL — HOME—LIFE INFORMATION (optional)

(Illnesses, deaths, separations, schedule conflicts, learning disabilities or styles etc.)

Describe: _____

VOLUNTEER

Name _____

Interest & Talents! (catechist, aid, substitute, setup, cleanup, special programs, hospitality, chaperone, etc.) _____

Availability: _____

PAYMENT — \$50 per family (payment is requested with registration form)

Guardian Angels has a good-neighbor policy...and what goes around, comes around. We ask each family to pay a minimum of \$50, regardless of the number of enrollments or ages into our Family Faith Formation. We hope that this policy will ease the financial burden of those larger and young families. And if you are a small family or financially blessed, we hope that you will support your parish family. This fee will include children's books, classroom supplies, and rental of Mead Elementary space. **Thank you!**

Name: _____ Date: _____

Check # _____ Cash Amount \$ _____

Scholarship (Please include a written request to Fr. Greg Ames or Fr. Alan Hartway)

Questions, call Donna Kroll, Director of Faith Formation,
970-535-0721 or 303-452-2041, x120 or email: info@garcc.org