

# Transfiguration Christian Formation Grade K-6 Registration '11-'12

Registration Fee: \$60/child, \$175 max per family  
Please return by September 7

## Family Information

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street city state zip

Home Phone: \_\_\_\_\_ Home email: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Please star the number we should call if your child's class is canceled for any reason. An email will also be sent to the address provided..

*If a need exists, please indicate home-based formation options next to the child's name & contact the formation office to arrange to pick up materials.*

## Children Information

**Classes offered for Grades K-6: M-Th @ 4:30  
or Grades 4-6: Th @ 7:00**

Child's Name: \_\_\_\_\_

What time works best for your child?  
Mark a 1st & 2nd choice with 1 or 2.

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Mon-4:30  Tues-4:30  Wed-4:30

Notes: \_\_\_\_\_

Thurs-4:30  Thurs-7:00 (gr. 4-6 only)

Interest in Sacraments?  Reconciliation  Communion  Confirmation

Child's Name: \_\_\_\_\_

What time works best for your child?  
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Interest in Sacraments?  Reconciliation  Communion  Confirmation

Health, Photo Release & Volunteer form on reverse side

## Transfiguration Christian Formation Health Form

Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

### Children Information

Child's Name: _____ Insurance Policy #: _____ Any Allergies or Special Needs?: _____ _____	Child's Name: _____ Insurance Policy #: _____ Any Allergies or Special Needs?: _____ _____
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In case of medical emergency, I understand that every effort will be made to contact the parents or guardian. In the event that I cannot be reached, I hereby give permission to the physician selected to secure proper treatment for my child named herein.

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

Date: \_\_\_\_\_

## Photo Release for Publications

From time to time, we may take photos during Formation classes that we may wish to use as publicity for future activities or parish promotions. Please indicate if we may do so with images of your child(ren).

I hereby give the staff at Transfiguration my permission for images of my child to be used on our parish website and for other parish publications.

Yes

No

Signed: \_\_\_\_\_

## Transfiguration Christian Formation Volunteer Form

**We are always in need of help.**

Please consider joining us with the gifts of your time and talent  
so we can improve the program - together.

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

My Best Day: M T W Th Th-eve

I can help by:

\_\_\_\_\_ Being a catechists (teacher)

\_\_\_\_\_ Being a substitute catechist (teacher)

\_\_\_\_\_ Being an aid in a classroom

\_\_\_\_\_ Being a principal

\_\_\_\_\_ Helping with office projects

\_\_\_\_\_ Other (please specify) \_\_\_\_\_