

2026-2027 Registration for Faith Formation

Assumption Church * P.O. Box 9 * Eden Valley, MN 55329

Family Information

Father: _____ Mother: _____
Cell Phone: _____ Cell Phone: _____
Work Phone: _____ Work Phone: _____
Father's Address _____ Mother's Address (if different): _____

Home Parish: _____ Home Parish: _____
Father's E-mail: _____ Mother's E-mail: _____

**Email is main form of contact, please write neatly.

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## Emergency Contact (if parent/guardian cannot be reached)

Name: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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Fees

\$50 per student, maximum of \$150 per family.

Please submit payment with your registration – due by **Wednesday, August 26th, 2026.**

No child will be refused because of financial reasons! Please reach out to the Faith Formation Office to request Sponsorship by fellow parishioner.

Registering: Please return the form (along with payment):

- Via mail (Assumption Church, Attn: Bonnie, PO Box 9, Eden Valley MN 55329)
- Place in the basket (in the Narthex) marked "Faith Formation Registrations"
- Bring to Eden Valley Elementary Open House (August 26th)

Volunteer Positions What gifts do you have that could benefit the program? Please indicate if you would be able to help out in any of these areas. Please note: Some volunteer positions require Safe Environment training and a background check, per diocese policy.

Teach or Substitute Teach _____	Classroom or Facility Monitor _____
Speaker/witness talk _____	Help with Childcare _____
Money toward meals _____	Other: _____

For Office Use Only

Reg Date: _____ Total fee: _____ Amt Pd.: _____ Check #/Cash: _____ Balance Due: _____

****Please provide information for all your children birth- 12th grade (regardless of if they will be attending classes this year). We will enroll your children according to their grade level.**

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

*Last* *First* *Middle*

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade 2026-2027 school year \_\_\_\_\_

Circle One: Male / Female Church of Baptism: \_\_\_\_\_

Special needs, disabilities or allergies of child we need to be aware of: \_\_\_\_\_

**Email and/or Phone number of student, 7-12 grade:** \_\_\_\_\_

Other notes \_\_\_\_\_

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Child's Name: _____

Last *First* *Middle*

Birth Date: _____ Age: _____ Grade 2026-2027 school year _____

Circle One: Male / Female Church of Baptism: _____

Special needs, disabilities or allergies of child we need to be aware of: _____

Email and/or Phone number of student, 7-12 grade: _____

Other notes _____

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Other notes \_\_\_\_\_

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Other notes _____

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Other notes \_\_\_\_\_