

2024-2025 Registration for Faith Formation

Church of The Assumption
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.

~~~~~

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

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

Phone Number: \_\_\_\_\_

## Wednesday Night Faith Formation Classes Include:

- **Family Faith Formation Nights** Grades K-6 and parents at Assumption, Eden Valley
  - Childcare available for PreK
  - One WEDNESDAY a MONTH 5:45-7:45PM
- **Classes for Grades 7-10** at Assumption, Eden Valley
  - TYPICALLY, 2 WEDNESDAYS a MONTH 6:30-8 PM
- **Confirmation Prep Grade 11** at Assumption, Eden Valley
  - TYPICALLY, 1 SUNDAY a MONTH
- **Youth Nights** 7-12 Graders – Rotating between Assumption, Eden Valley & St. Anthony's, Watkins
  - TYPICALLY, 1 time a MONTH, 6:30-8:30pm
  - Watch schedule for date and location

## Fees

\$50 per student, maximum of \$150 per family. Please submit payment with your registration – due by **Wednesday, August 28<sup>th</sup>, 2024.**

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

**Volunteer Positions** What gifts do you have that could benefit the program? Please indicate if you are interested in helping in any of these categories. Please note: Some volunteer positions require Safe Environment training and a background check through the diocese.

Teacher, Aide or Substitute \_\_\_\_\_ Facility Monitor \_\_\_\_\_  
Speaker \_\_\_\_\_ Help with Childcare \_\_\_\_\_

## What phrase best describes your connection to your parish and parish life?

\_\_\_\_\_ New to the parish/Not Connected \_\_\_\_\_ Connected with family and friends  
\_\_\_\_\_ Connected to others through parish ministries \_\_\_\_\_ Disconnected & don't know many people

### For Office Use Only

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

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

~~~~~  
Child's Name: _____

Last *First* *MI*

Birth Date: _____ Age: _____ Grade 2024-2025 school year _____

Circle One: Male / Female Church of Baptism: _____

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

Phone number of child (if 7-12 grade) for Youth Ministry Nights remind app _____

Other notes _____

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

*Last* *First* *MI*

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade 2024-2025 school year \_\_\_\_\_

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

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

Phone number of child (if 7-12 grade) for Youth Ministry Nights remind app \_\_\_\_\_

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

~~~~~  
Child's Name: _____

Last *First* *MI*

Birth Date: _____ Age: _____ Grade 2024-2025 school year _____

Circle One: Male / Female Church of Baptism: _____

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

Phone number of child (if 7-12 grade) for Youth Ministry Nights remind app _____

Other notes _____

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

*Last* *First* *MI*

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade 2024-2025 school year \_\_\_\_\_

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

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

Phone number of child (if 7-12 grade) for Youth Ministry Nights remind app \_\_\_\_\_

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

~~~~~  
Child's Name: _____

Last *First* *MI*

Birth Date: _____ Age: _____ Grade 2024-2025 school year _____

Circle One: Male / Female Church of Baptism: _____

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

Phone number of child (if 7-12 grade) for Youth Ministry Nights remind app _____

Other notes _____