



**ST. RITA CHURCH · 1008 MAPLE DRIVE, WEBSTER, NY 14580**  
**2019-2020 FAITH FORMATION ENROLLMENT FORM**

*Forms are due Sept. 2<sup>nd</sup> to order your child(ren)'s books.*

<b>PARENT/GUARDIAN 1 NAME</b> (please print) _____ Last                      First	<b>MAILING ADDRESS</b> _____	<b>CITY, ZIP</b> _____	<b>*PARISHIONER NO.</b>  _____
<b>E-MAIL ADDRESS</b> _____	<b>HOME PHONE</b> _____	<b>EMERGENCY/CELL PHONE</b> _____	
<b>PARENT/GUARDIAN 2 NAME</b> (please print) _____ Last                      First	<b>MAILING ADDRESS</b> (IF DIFERENT FROM ABOVE) _____	<b>CITY, ZIP</b> _____	<b>OFFICE USE ONLY</b>  Received _____ Check No. _____ \$ _____ Online Payment \$ _____ FF _____ SAC _____
<b>E-MAIL ADDRESS</b> _____	<b>HOME PHONE</b> (IF DIFERENT FROM ABOVE) _____	<b>EMERGENCY/CELL PHONE</b> _____	

*\*Only registered, participating parishioners of St. Rita Church are eligible for enrollment in the Faith Formation and Sacrament Preparation Programs.*

**STUDENT INFORMATION FOR CHILDREN IN GRADES K-7**

<b>Name: First (and Last)</b> <i>(if different than above)</i>	<b>Date of Birth</b> MM/DD/YY	<b>Baptized at St. Rita?</b> Y or N / Mo/Yr <i>*If no please provide a Baptismal Certificate</i>	<b>Grade Level</b> Fall 2019	<b>Grade 2 and Over.</b> Will student be preparing for First Reconciliation and First Eucharist? If yes, please complete a Sacrament Enrollment Form as well.	<b>Choice of Monday Session</b> Session 1: 4:30-5:45 (K-6) Session 2: 6:15-7:30 (1-7)
1					
2					
3					
4					

*\*Baptismal Certificate only needs to be provided one time.*

**ENROLLMENT FEE** (Due at time of registration) \$ 70.00 per child, or \$175.00 for family of three or more children  
**Please Note:** Enrollment fee is waived for catechists/volunteers and confidentially waived for anyone who expresses financial hardship.

**HEALTH ISSUES/SPECIAL NEEDS:** Please use the back of the form to indicate your child(ren)'s health issues, allergies and medications, special needs, or disabilities so we can accommodate them.

**VOLUNTEER OPPORTUNITIES** The success of our program is possible only because of volunteers. We would appreciate your help in any of the areas below.  
 Catechist \_\_\_\_\_ Aide \_\_\_\_\_ Substitute \_\_\_\_\_ Hall Monitor \_\_\_\_\_ Help in the Office \_\_\_\_\_ Other \_\_\_\_\_



**HEALTH ISSUES, ALLERGIES + SPECIAL NEEDS**

Please use this space to describe your child(ren)'s needs related to physical or mental health, disability, neurodiversity, allergies, or special needs. It is the parish's responsibility to provide a safe and inclusive environment for all children.

All information you share will be used to help us do so, and will remain confidential between parish staff and the volunteers you indicate.

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Please share this information with my child(ren)'s:

\_\_\_ catechist(s) (ie., teacher)

\_\_\_ substitute teacher, if present

\_\_\_ classroom aide(s) (usually teens)