



Guardian Angels Catholic Church
Faith Formation Registration Form 2007-2008

(office use only)

Date Rec'd: _____
Check #: _____ Amount: _____

Please fill out this form completely. Please print clearly. For students, age 3 years old - Grade 2, and Confirmation, please attach a copy of their Baptismal Certificate if other than Guardian Angels.

Child's Full Name (First, Middle & Last)	Sex (M/F)	DOB	Grade (9/2007)	School Attending	Baptism Date & Place	1st Reconciliation Date & Place	1st Eucharist Date & Place

See the back of this form for the Behavior Policy.

Address: _____ City: _____ Zip Code: _____ Home Phone Number: _____

Father's Name: _____ Email Address: _____ Work Phone: _____ Cell: _____

Mother's Name: _____ Email Address: _____ Work Phone: _____ Cell: _____

Parents Religion: _____ Child lives with: _____ Are you the Custodial Parent? Yes No

Is your family registered with Guardian Angels? Yes No If not where? _____
Please circle which number is best to call during classroom sessions.

A \$40.00 per child non-refundable registration fee is due with this registration form (not applicable to Sunday School students). The remaining balance will be due on the first day of class.

Tuition Grades 1-8: Registered Families	\$75.00 First Child	\$120.00 Two Children	\$155.00 Three + Children
Tuition Grades 1-8: Out-of Parish Families	\$150.00 First Child	\$240.00 Two Children	\$310.00 Three + Children
Tuition Confirmation: Registered Families	\$100.00 9th Grade	\$100.00 10th Grade	
Tuition Confirmation: Out-of-Parish Families	\$200.00 9th Grade	\$200.00 10th Grade	
Tuition Sunday School:	\$30.00		

Would you like to make a contribution towards a child's religious education who is unable to pay? Yes _____ Amount _____

Please send this form, copy of child/ren's Baptismal Certificate(s), and along with a check made payable to Guardian Angels Church to:
Guardian Angels Church, Attn: Faith Formation, 215 West Second Street, Chaska, MN 55318.