

ST. MARGARET OF SCOTLAND  
FAMILY FAITH FORMATION OFFICE  
2007/08 REGISTRATION FORM

DATE: \_\_\_\_\_  
Returning: \_\_\_\_\_ New \_\_\_\_\_  
If new, previously attended: \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_ If different, child's last name: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

WHEN SENDING MAIL, ADDRESS TO: [ ] Mr. and Mrs. [ ] Mr. [ ] Mrs. [ ] Ms.

FATHER: (Background Info.)  
Name: \_\_\_\_\_

MOTHER: (Background Info.)  
Name: \_\_\_\_\_

Religion: \_\_\_\_\_

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

Religion: \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

REGISTERED PARISHIONER? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, where are you registered? \_\_\_\_\_

MARITAL STATUS: [ ] Married [ ] Divorced [ ] Separated [ ] Widow/Widower [ ] Single

*If Remarried:*

Step-Father's Name: \_\_\_\_\_  
Religion: \_\_\_\_\_

Step-Mother's Name: \_\_\_\_\_  
Religion: \_\_\_\_\_

**IN CASE OF DIVORCE OR SEPARATION and A DUPLICATE MAILING IS REQUESTED, PLEASE FURNISH NAME & ADDRESS**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CHILD LIVES WITH: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_  
(Name)

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

PHONE (    ) \_\_\_\_\_ CELL (    ) \_\_\_\_\_

Date: \_\_\_\_\_ Receipt # \_\_\_\_\_

OFFICE USE ONLY

bb \_\_\_\_\_ yc \_\_\_\_\_ reworks \_\_\_\_\_

**PRE-SCHOOL 3, 4 and 5 YEAR OLDS: Sundays Only During 10:00 a.m. Mass**

**FOR GRADES 1-5: 4:00-5:30 p.m., Choice of day: [ ] Monday [ ] Tuesday [ ] Wednesday**

**JR. HIGH GRADES 6-7-8: Wednesday evenings only, 6:50-8:30 p.m.**

**PLEASE LIST BELOW THOSE CHILDREN WHO WILL BE ATTENDING ST. MARGARET OF SCOTLAND FAMILY FAITH FORMATION SESSIONS:**

FIRST	LAST	Sex	Date of Birth	School Attending	Grade in Sept	Grade in FFF	Church where Baptized	Received First Eucharist At:	Confirmation

**\*PLEASE BE SURE TO FURNISH COPIES OF BAPTISMAL CERTIFICATE(S) TO THE FAITH FORMATION OFFICE IF NOT ALREADY SUBMITTED.**

**PARENTS: The religious formation of your children is our primary concern. In order to teach effectively, we must be aware of any health or learning problems.**

Child's Name	Vision	Hearing	Reading	Learning	Heart	Respiratory	Emotional	Allergies	Other

Special medications or instructions / comments: \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
 (Parent / Guardian)

<b>Fees: Payment Plan A</b>				<b>Fees: Payment Plan B (Payment in Full)</b>			
		<b>Payment 1 (by 10/1)</b>	<b>Payment 2 (by 1/15)</b>			<b>One single Payment on or before Oct. 1, 2007, save \$10</b>	
One child	\$40 plus \$15 book fee	= \$55 **	\$55	One child	\$ 85 plus \$15 book fee	= \$100**	
Two children	\$45 plus \$15 per child book fee	= \$75 **	\$75	Two children	\$110 plus \$15 per child book fee	= \$140**	
Three children	\$50 plus \$15 per child book fee	= \$95 **	\$95	Three children	\$135 plus \$15 per child book fee	= \$180**	
Four or more	\$50 plus \$15 per child book fee	**	\$95	Four or more	\$135 plus \$15 per child book fee	**	
** Plus total sacramental fees				** Plus total sacramental fees			

**Attention: 2nd and 8th Grades — Sacramental Fees**  
2nd Grade: Add an additional \$27 to October Payment to cover (1) First Reconciliation Text and (1) First Eucharist Text  
8th Grade: Add an additional \$55 to October Payment to cover (1) Confirmation Text and the Confirmation Retreat