

St. Cyprian Religious & Family Formation Registration
13249 Pennsylvania ~ Riverview, MI 48193 ~ 734-283-1366 ext. 121

Date: _____ Telephone- Home: _____ Cell: _____

Family Name: _____ **Parent E-Mail:** _____

*Please indicate if child's last name is different _____

Address: _____ City: _____ Zip: _____

Father's Name: _____ work #: _____ Religion: _____

Mother's Name: _____ work #: _____ Religion: _____

Did student attend Religious Formation last year? yes no Registered at what parish? _____

(out of parish requires letter from registered church)

Please list children 1st through 8th grade who will be IN the program:

Child's Full Name	Boy/ Girl	Birthdate	Grade in September	Baptized		Received First Eucharist		Prepared for Reconciliation		Confirmation	
				Yes	No	Yes	No	Yes	No	Yes	No

Family Program
 Tuesdays 6:30-8:00 pm
 One Family session per month

Grades 1-5
 Mondays 6:15-7:30 pm

Grades 6-8 middle school
(Must fill out course registration)

Tuition fees for In-Parish: (Includes all supply fees) ***\$25 DEPOSIT PER CHILD DUE AT TIME OF REGISTRATION***

BALANCE DUE ON THE FIRST MONDAY IN OCTOBER

One Child \$75 Two Children \$125 Three or more \$150 **Out-of-Parish Fee: \$50 per family**

In order to provide the best possible religious formation for your child, the following information is helpful.

All information is kept private and confidential.

Children reside with: _____

In case of emergency please contact: *(Other than parent)*

Name: _____ Phone # _____ Relation to child: _____

*** Note: If there is a court order in place regarding release of your child, please speak with the Director of Religious Formation.**

1. Is the student eligible for special services in the public school for any of these? (please check all that apply & specify child's name)
 - Attention Deficit Disorder
 - Autistic
 - Educable mentally impaired
 - Gifted
 - Hearing impaired
 - Other (describe)
 - Physically & otherwise health impaired (POHI)
 - Severely mentally impaired
 - Severely multiply impaired
 - Trainable mentally impaired
 - Visually impaired
2. Allergies we should know about? ▪ Yes ▪ No If yes, please list the allergies: (specify child's name)
3. Medications we should know about? ▪ Yes ▪ No (specify child's name)
If yes, please list: Name of medication, condition for which it is prescribed, and time of day it is taken:(include inhaler usage information)
4. Is there anything else we should know about your child?

**** Sacrament Programs are in addition to Religious Formation classes.**

(Includes supplies, retreats and workshops)

First Reconciliation/First Eucharist: \$60 (Register in September)

Confirmation: \$80 (Register in May)

Office Use Only

Total Due \$ _____ Payment \$ _____ Date: _____ Cash: _____ Check: _____ Balance \$ _____