

St. Maximilian Kolbe Parish

Preschool Religious Formation Registration Form 2010-2011

Are you a registered member of the parish? YES / NO

Family Name:	Phone #'s:
Fathers Name:	Cell Phone # Dad:
Mothers Name:	Mom:
Address:	E-Mail:

Child's Name (Include last if different)	Gender	Age	Birth Date Mo/day/yr	Baptism Church/Date <small>Check if Sacrament is needed _____</small>	Indicate Class time and preference (1 st and 2 nd choices) *See Information Sheet					
					Preschool 1*		Preschool 2*		Kindergarten*	
					8 AM Mass	10AM Mass	8 AM Mass	10 AM Mass	8 AM Mass	10 AM Mass

VOLUNTEERS NEEDED: PLEASE INDICATE WHERE YOU CAN HELP

_____ CATECHIST GRADE: P1 P2 K ANY (circle one)	_____ OFFICE ASSISTANT	_____ DRAMA-DIRECTOR
_____ CO-CATECHIST GRADE: P1 P2 K ANY (circle one)	_____ MUSIC – MUSICIAN	_____ DRAMA-ACTOR/ ACTRESS
_____ SUBSTITUTE CATECHIST GRADE: P1 P2 K ANY (circle one)	_____ MUSIC – SINGER	

REGISTRATION CHECKLIST:

CHECK PARISH WEBSITE FOR PRESCHOOL FAITH FORMATION INFORMATION
WWW.SAINT-MAX.ORG

- Registration Form
- Baptismal Certificate copy
- Medical and Photo Release form
- Registration Fee
- Copy of child custody court documents (if applicable)

RETURN ABOVE ITEMS TO:
St. Maximilian Kolbe Faith Formation
5720 Hamilton Mason Road
Liberty Township, OH 45011

Preschool Program Cost:
\$70 per child

By signing this form, I have read and commit to the policies in the Faith Formation Hand book which is online for my reference and use. Hard copies are available in the office.

Parental Signature: _____

For Office Use Only

Date Received

Amt _____

Check # _____

Med Forms _____