



Learning In Faith Experiences

2018-2019 Registration Form

*Please return your completed Registration to: St. Lucy's Parish, 909 West Main Rd., Middletown, RI 02842.

Your Family Last Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

List Only the Names of Each Person in Your Household Who Will Be Participating in **LIFE** this year:

1) Adult First/Last Name: _____ Best # to be reached at: _____

E-mail contact: _____ Occupation: _____

2) Adult First/Last Name: _____ Best # to be reached at: _____

E-mail contact: _____ Occupation: _____

(*When registering youth please specify if last name is different from family name indicated above.)

1) Youth Name: _____ D/O/B _____ School & Gr: _____

2) Youth Name: _____ D/O/B _____ School & Gr: _____

3) Youth Name: _____ D/O/B _____ School & Gr: _____

4) Youth Name: _____ D/O/B _____ School & Gr: _____

SACRAMENTAL REGISTRATION: All Sacramental programs *require consistent participation in a previous year of Religious Education.* From above names, please name those who are eligible to prepare to receive a Sacrament.

Youth Name: _____	1 st Reconciliation	1 st Eucharist	Confirmation	
	(Fall/Winter)	(Winter/Spring)	Yr. I	Yr. II
Youth Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To enter a year of Sacramental Preparation: Proof of Baptism is required. Any NEW Parishioner must offer proof of student participation in a previous year of Faith Formation/Religious Education/CCD Program or Catholic School.

SACRAMENTAL PREPARATION: Preparation for First Reconciliation (fall semester) followed by First Eucharist (winter semester) is *usually* in Grade 2. Preparation for Confirmation is *normally* in Grades 9 and 10. [As a previous year of Religious Education is required, Reconciliation/Eucharist is a two-year program, Confirmation is a multi-year program.]

FAMILY NAME: _____

PRIMARILY, ON WHICH DAY WILL YOUR HOUSEHOLD BE ATTENDING EACH MONTH? (Check one) Unless notified by the **LIFE** office, expect to attend on your chosen day for each celebration starting in September.

[Having to change your choice of day for a particular month(s) is acceptable; notify office in advance, if possible.]

Sunday from 11:30am - 2:00pm
9/23, 10/28, 11/18,
12/10 [offered on Monday only]
1/13, 2/10, 3/10, 4/7

Monday from 5:30pm - 8:00pm
9/24, 10/29, 11/19,
12/10 [combined Sunday & Monday groups]
1/14, 2/11, 3/11, 4/8

In the event of Inclement Weather: Cancellations are broadcast on TV and via email notice. If a Sunday **LIFE** is cancelled, participants are expected on the Monday evening. If a Monday **LIFE** is cancelled, Monday participants are expected to complete a make-up lesson before next **LIFE** celebration.

HOW MUCH WILL **LIFE** CELEBRATIONS COST? (Fee includes meals, supplies, program materials, etc.)

Annual **LIFE** Registration Fee: **Same Household** - Adult and Child: \$35.00 each person
5 years old and under: **FREE**

Maximum Household Fee for **LIFE**: \$125.00 per family

*An individual may register for the full year (\$35.00) * Guests are invited/welcome (one-time visit) = Donation accepted.

Sacramental Preparation Fee: (Fee is in addition to **LIFE** registration, covering books, materials, program, etc.)

- + Student in First Reconciliation Class (Fall classes) = \$10.00
- + Student in First Eucharist Class (Winter classes) = \$10.00
- + Confirmation Candidate Year I or Year II = \$20.00 (An Additional Fee for Retreat)

Mandatory Orientation Session for Parent(s) of Children in First Reconciliation & First Eucharist:
Mon, October 15, 6:30pm in Parish Center [please do **NOT** bring student]

Mandatory Orientation Session for both Confirmation I and II Candidates AND Parent(s):
Mon, October 15, 6:30pm in Parish Center

Please do not withhold your registration if fee is not able to be paid at this time. NO ONE will be excluded from participating in **LIFE** celebrations for inability to pay the Registration Fee.

A) Does anyone in your household have any special needs of which we should be aware? Yes No
If yes, please describe: _____

B) Does anyone in your household have any food allergies of which we should be aware? Yes No
If yes, please describe: _____

Child Care is not available during **LIFE Celebrations. However, young children (with a parent) are always WELCOME!

**Children (of any age) may not be "dropped off" for class.

I authorize St. Lucy's parish to take and use photographs/videos of my family for productions, publications, etc.
[Only group shots with no identification will be used.] Yes _____ No _____

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY: Amount: _____ Check # _____ Date Recv'd: _____

Number Attending: Adults _____ Youth _____ Session _____

Reconciliation: _____ Eucharist: _____ Confirmation: Year I: _____ Year II: _____

Remaining Balance: _____ Info entered in Roll Call _____ New Registration / Previous Participant