

REGISTRATION FOR CROFTON AREA FFY PROGRAM - 2018-2019
St. Rose Parish

FFY REGISTRATION

GENERAL INFORMATION

Father's Name: _____

Mother's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone: _____

E-Mail Address: _____

Name of Your Parish: _____

Registered Member of Parish: Yes ___ No ___ St. Rose: ___ St. Joseph: ___ Other: ___

Name of Parish: _____

****If you are not a registered member of either Parish, you need written permission from your Parish Pastor to attend this FFY class. If NOT a registered member of any Parish, you need to be a registered member of a Parish.**

Please complete a registration sheet for each student. CCD has their own Registration Form!

Name of Student: _____ Grade in Fall _____ Birth Date _____ Age _____

Does your student have any health issues that we need to be aware of? Yes ___ No ___

If so what: _____

SACRAMENTAL RECORDS-Please circle & complete information

Baptism Yes/No If yes, Where _____

Eucharist Yes/No If yes, Where _____

Confirmation Yes/No If yes, Where _____

FFY-Tuition: \$25.00 per Student or \$35 per Family

Please make your check payable to St. Rose FFY Program

Amount: _____ Check: _____ Cash: _____ Date: _____

Paid: _____

Please check if you would be interested in substituting for a teacher/helper when needed: _____

Please check if you would be interested in helping with Fundraising Projects for the FFY Program _____

Please comment or give suggestion on what you would like to see in our program:

Parent's Signature

Date

Program Meets Wednesdays beginning at 7:30 PM SHARP to 8:30 PM in St Rose Education Center, Crofton. Please return this form to: St. Rose Church Business Office, 1316 West 5th Street, Crofton, NE 68730