

ST. GABRIEL CATHOLIC CHURCH RELEASE TIME

2019-20 Faith Formation registration

Parent/Guardian Name(s): _____

Full Mailing Address _____

Preferred phone number to call, in case of emergency (please indicate who's number it is):

Secondary phone number (please indicate who's number it is): _____

Best contact email address: _____

How often do you check this email address? (Circle): Daily Weekly Monthly Rarely

What is the best way to contact you? (Circle): Email Text Mail

Personal cell number for Release-time related texts: _____

Mother's religion/denomination: _____ Father's religion/denomination: _____

Home parish (if not St. Gabriel): _____

Student Name	Gender	Grade	SPECIAL NEEDS (medical conditions: asthma, ADHD, allergies, medications, etc.)

The registration fee is \$40.00 per student with a \$100.00 maximum per family. This fee helps to cover the cost of materials and transportation to and from school. No one will be denied participation due to inability to pay.

Paid: _____

Amount due: _____

Return this form along with payment to

St. Gabriel Faith Formation
305 S. Lafayette Av.
Fulda, MN 56131

No family will be denied receiving Faith Formation/Release Time classes due to financial constraints.

Please contact the Faith Formation office with any concerns. (507)425-2369