

# St. Anthony CFF Registration Form 2007-2008

Office Use Only  
\_\_\_\_\_  
\_\_\_\_\_

Mail or drop off at the St. Anthony CFF Office at 260 Forest Ave. Ambler, PA 19002  
Questions? Contact Roberta Ortwein at 215-646-6150 Ext. 22 or [rortwein@saintanthonyparish.org](mailto:rortwein@saintanthonyparish.org)

## Section A : Parent Information (PLEASE PRINT CLEARLY AND COMPLETE BOTH SIDES!!)

**Father**

**Mother**

First and Last Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Religion \_\_\_\_\_

Home Phone \_\_\_\_\_

Alternate Phone (Cell/Work) \_\_\_\_\_

Family Email address for weather cancellations or CFF updates \_\_\_\_\_

Parents' Marital Status \_\_\_\_\_

Student resides with \_\_\_ Parents \_\_\_ Mother \_\_\_ Father Other: \_\_\_\_\_

If applicable-Full Name of Stepparent/Guardian \_\_\_\_\_  
First Last

## Section B: Family Information

Send Family Mailings to: \_\_\_\_\_  
Name

Mailing Address: \_\_\_\_\_  
Address City Zip Code

Courtesy Copy Request (if child does not live with both parents) Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Emergency Contact other than Parents- Name: \_\_\_\_\_  
 Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## Section C: Family Tuition Fees/Volunteer Tuition Credit Information

<u>One Student</u> \$110	<u>Two Students</u> \$200	<u>Three + Students</u> \$300
Make checks payable to St. Anthony Church. Payment Plan is available.		

**CFF Fulltime Volunteers (18+ years) receive Full Tuition Credit for their family.**

I (We) would like to be a fulltime CFF Volunteer. I (We) understand that all positions are subject to availability and that I (we) will commit to volunteering from September 2006 to April 2007. CFF will be a family priority and I (we) will attend all meetings and formation workshops. Volunteers and their children will be assigned to the same day and time session. Name(s): \_\_\_\_\_ Adult/Teen  
 \_\_\_\_\_ Adult/Teen

Please indicate your first and second choices for volunteer role and session choice

\_\_\_ Catechist      \_\_\_ Assistant      \_\_\_ Office Assistant      \_\_\_ Teen aide

\_\_\_ Tuesdays 4:15-5:45      \_\_\_ Tuesdays 6:30-8:00      \_\_\_ Wednesdays 4:15-5:45

For Office Use Only: Amount Received \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

### Section D: Child Information

Child's Formal Name \_\_\_\_\_  
First Last

Child's Preferred Name \_\_\_\_\_

For Office Use Only

Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender: Male / Female  
School \_\_\_\_\_ Grade 2007-08 \_\_\_\_\_

Help us provide the best faith formation possible for your child by letting us know about the special circumstances in your child's life that can have an impact in a classroom setting. Does your child receive learning support in school, take medication on a regular basis or has your child recently experienced a life altering event (death, divorce, recent move)? \_\_\_\_\_ If yes, please describe.

**If first time registrant to St. Anthony's CFF Program please complete the following:**

Baptismal Information: Date \_\_\_/\_\_\_/\_\_\_ Church \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Parents' Names as recorded on Baptismal Certificate...

Father: \_\_\_\_\_ Mother (Maiden): \_\_\_\_\_

If not baptized at St. Anthony Parish, you must attach a copy of the Baptismal Certificate for our records.

Has child received the following sacraments...

Reconciliation: Yes / No Eucharist: Yes / No Confirmation: Yes / No

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First Last

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### Section E: Family's Faith Formation Session Selection/Additional Carpool Information

Number a 1st and 2nd choice. You will be notified if your 1st choice is not available.

Tuesdays 4:15-5:45

Tuesdays 6:30-8:00

Wednesdays 4:15-5:45

\_\_\_\_ I understand that carpool families are NOT guaranteed the same session but I hope to carpool with...