



St. Elizabeth Elementary Faith Formation Program
P.O. Box 780 Uwchlan, PA 19480-0780
610 - 646 - 6545
religioused@stelizabethparish.org

Student Registration for Members of St. Elizabeth Parish 2017-2018

Child's Name: _____ Gender: M F Date of Birth: _____

Address: _____

Home Phone: _____ Email (please print): _____

Note: Email address will not be shared outside St. Elizabeth parish

We e-mail a weekly "Parents Notes" update to keep you informed regarding the program.

Father's Full Name: _____ Cell Phone: _____

Mother's Full Name: _____ Cell Phone: _____

Marital Status: Married Single Parent Separated Divorced Remarried

Child Lives with: Both Parents Father Mother Guardian Other _____

Custody Issues which may affect Elementary Faith Formation: _____

Person responsible for child's religious education _____

Contact name (while child is in class): _____ Phone: _____

Grade of Formal Faith Formation Completed in 2016-2017: _____

School Attending in **September 2017**: _____ 2017-18 Grade Level: _____

Verify or complete **Baptismal** Information (Include a copy of Baptismal Certificate if no information pre-printed below)

Date of Baptism: _____ Church of Baptism: _____

City, State, Zip: _____

If your child has received **First Holy Communion**, other than at St. Elizabeth, provide a copy of the certificate.

Tuition for 2017-2018

Tuition before **July 10, 2017** is \$145 for the first child and \$135 for each additional child.

To receive these discounts you must pay the tuition in full by July 10, 2017.

After July 10, 2017 tuition is \$185 per child.

Return all required information plus your Registration and Tuition fee (checks payable to St. Elizabeth Parish) to:

St. Elizabeth Faith Formation Office

P.O. Box 780

Uwchlan, PA 19480-0780

For Office Use Only: ID No.: _____ Tuition Received Date: _____

Class Enrollment Preferences:

Classes are held in the Saint Elizabeth Education Center. Before classes begin, you will be notified of your child’s class assignment. Each class will typically have a catechist, catechist assistant and a teen aide.

Please indicate your first (1) and second (2) preference for the day and time for your child’s class:

- Mondays - 4:45-6:00 PM Mondays - 6:30-7:45 PM
- Tuesdays - 4:45-6:00 PM Tuesdays - 6:30-7:45 PM
- Wednesdays - 4:45-6:00 PM

First priority is given to families who volunteer in the EFF program. Then children are placed in classes in the order in which the completed registration and tuition is received in the Religious Education Office.

Please indicate any specific concerns which our staff should know to better serve your child:

Academic: _____

Does your child have an IEP – Individualized Education Program Yes No

If you indicated YES, please provide a copy of the IEP and plan to discuss the plan with your child’s catechist.

Physical: _____

Medical: _____

Allergies: _____

Indicate if your child carries an EpiPen or has a prescription for an EpiPen: _____

So we can schedule your other children on the same day and time, please list their names and grades:

NAME(S)	GRADE(S)

In case of inclement weather, notification of closing will be done via message on Religious Education phone line (610-646-6545), TV (Channel 6) KYW1060, and on our website: www.stelizabethparish.org.

VOLUNTEERING: Name: _____

- Catechist Catechist Assistant Substitute Car-Line Aide Office Aide
- Babysitter Special Needs Assistant Musician

The Elementary Faith Formation Program reserves the right to use student pictures and interviews. If you do not want this for your child, please send a handwritten notification to the Religious Education Office by the end of September 2017.

The EFF Parent Handbook is available on the parish website.

Parent Signature _____