

ST. BENEDICT
CATHOLIC CHURCH AND SCHOOL



SAINT BENEDICT FAITH FORMATION
REGISTRATION FORM 23-24
Special Education & RE Program

Student's Name: _____

(Last name)

(First Name)

Birth Date: _____

Gender: _____

Grade September 2023: _____

Special Needs (Medical / Learning disabilities
/ Physical disabilities):

Baptism Information

Date: _____

Parish: _____

Faith at Baptism: _____

Eucharist Information if applicable

Date: _____

Parish: _____

Father's Information:

Name: _____

Religion: _____

Cell: _____

Email: _____

Mother's Information:

Name: _____

Maiden Name: _____

Religion: _____

Cell: _____

Email: _____

Family Information:

Mailing Name: _____

Address: _____

City, State, ZIP: _____

Family Information:

Home phone: _____

Emerg. Phone: _____

Family Email: _____

I also consent to the use of any videotapes and or photographs in which my child may appear by the Diocese of Trenton and/or St. Benedict. I understand that these materials are being used for promotion of the parish which may include recruitment and fundraising efforts. The signature below allows the Faith Formation Program to provide all information on this form to the staff for parish / diocese purposes only.

Parent/Legal Guardian Signature: _____ **Date** _____

St. Benedict Catholic Church and School Traditional RE Rates 2023-24

Grades 1-8, The cost will be:

- \$160 one child
- \$260 two children
- \$310 Three children
- + \$50 fee pertaining to First Holy Communion
- +\$75 fee pertaining to Confirmation
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Office Use

Cash _____

Check _____

Date _____