

535 E. Edgewood Ave. Indianapolis, IN 46227 | P: 317-787-8246 F: 317-781-6466 | www.stmarkindy.org

Faith Wisdom Service

Children's Catechesis Registration Form 2021-2022

Family Name:	Home phone:	Email:	
Are you a Registered Parishic	oner (please circle): Yes / No If No, Par	rish where registered:	
Father's Name:	Father's Religion:	Day Phone (Circle One) Cell / Work	
Mother's Name:	Mother's Religion:	Day Phone (Circle One) Cell / Work	
Home Street Address:		· · · · · · · · · · · · · · · · · · ·	
City:	State:	Zip Code:	
Any special circumstances we	e should be aware of? (e.g. guardianship	, divorce, living with relatives, etc.)	
*****Emergency	Contact Name and Phone N	Number <u>DURING CLASS TIME</u> :******	
Name:	ne: Phone Number:		
	Covenant		
~Participating in the ~Completing a yearl	e life of the parish, as demonstrated by y Stewardship card	st with our child(ren)'s formal Catechesis by: y our weekly Mass attendance	
~Paying the yearly fo			
		to administer any necessary medical treatment. I fully ning conduct and safety while attending Religious	
	ablue by all rules and regulations may resul	· · · · · · · · · · · · · · · · · · ·	
I give St. Mark Parish permiss	•	for their website or informational purposes. Please	
ionature of Parent.		Date.	

Tuition Schedule: Payment is due with Registration Form

Cost for 1 Child= \$60.00 Cost for 2 Children= \$100.00 Cost for 3 or more Children= \$120.00 Additional fees for First Reconciliation/Eucharist to be processed separately

Make checks payable to St. Mark Catholic Church

Mailing Address: 535 East Edgewood Avenue, Indianapolis, IN 46227

Class Schedule			
Time	Age	Location	
9:30 -10:30 am	3 years - K (CGS Level 1)	Parish Center Basement	
10:30 -11:30 am	Grades 1-3 (CGS Level 2)	Parish Center Basement	
10:30 -11:30 am	Grades 4-6 (CGS Level 3)	Parish Center Basement	
10:30 -11:30 am	7-8 th Grade	Parish Center Resource Room	

Child's Name(First, Middle, Last)	Sex: M / F Date of Birth:/					
School Attending (2021-2022):						
Which Sacraments has your child received?Baptism _	ReconciliationEucharist					
Will your child be preparing for First Reconciliation/Eucharis	t this year? Yes No Confirmation? Yes No					
Please indicate any physical, mental, or personality conditions reconly to assist in your child's learning experience. Include any alle						
Child's Name(First, Middle, Last)	Sex: M / F Date of Birth:/					
(First, Middle, Last) School Attending (2021-2022):						
Which Sacraments has your child received?Baptism _						
Will your child be preparing for First Reconciliation/Eucharist this year? Yes No Confirmation? Yes No Please indicate any physical, mental, or personality conditions requiring special attention. This will be kept confidential and used only to assist in your child's learning experience. Include any allergies/medications						
Child's Name(First, Middle, Last)	Sex: M / F Date of Birth://					
School Attending (2021-2022):	Grade:					
Which Sacraments has your child received?Baptism _	ReconciliationEucharist					
Will your child be preparing for First Reconciliation/Eucharist this year? Yes No Confirmation? Yes No						
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Child's Name(First, Middle, Last)	Sex: M / F Date of Birth:/					
School Attending (2021-2022):	(Circle One) Grade:					
Which Sacraments has your child received?Baptism _						
Will your child be preparing for First Reconciliation/Eucharis	t this year? Yes No Confirmation? Yes No					
Please indicate any physical, mental, or personality conditions requiring special attention. This will be kept confidential and used only to assist in your child's learning experience. Include any allergies/medications.						