

St. Clare of Assisi

Faith Formation Registration 2021-22

Grade K through 8th

St. Joseph/Mater Dolorosa/St. Wendelin

Phone 724.445.3713 ext: 1111 dre@saintclareparish.com

ADDRESS MAIL TO: Mr. & Mrs., Mr., Mrs., Ms., Dr., Dr. & Mrs., Mr. & Dr., Dr. & Dr.

Family Last Name (please print) _____

Legal Guardian (if not parent) _____

Address: _____

Mother's Cell Phone: _____

Father's Cell Phone: _____

Preferred Email Address: _____

In an effort to "go green" and reduce costs, our office will conduct most communication with you via email and through the Remind app.

Parish the family is registered at? _____

Father's Full Name: _____ Religion: _____

Mother's Full Name: _____ Religion: _____

Mother's Maiden Name: _____

List emergency contact other than parent(s):

Name/Relationship: _____ Phone#: _____

CLASS OPTIONS: These options are for all of our parish families to choose which works best for their family.

Sunday 9:00 – 10:15 am: Grades K—5th; location St. Wendelin School _____

Monday 6:00—7:15 pm: Grades K—5th; location St. Clare Adm Bdg LL _____

Sunday 6:30—8:00 pm: Grades 6-8th Edge/Chosen Program; St. Clare Adm Bdg LL _____

Home Taught: This option is not available for Grade 2 or Grade 8 _____

Deadline for registration is August 22.

Registration Fees: This year, there will not be a fee for Faith Formation due to a generous donation to the Religious Education Program of our parish. Thank you!

****Please provide a Baptismal Certificate for every child entering Grade 2 or Grade 8. We will need this information for your child to receive their sacraments. Archive Office #[\(412\) 456-3158](tel:4124563158)**

CHILD'S NAME First, Middle, Last _____

DATE OF BIRTH _____

Gender (M/F) _____

GRADE and SCHOOL _____

SPECIAL NEEDS: ☐ ADD/ADHD ☐ AUTISM/ASPERGER'S ☐ LEARNING DIFFICULTIES ☐ HEARING/SIGHT

☐ ALLERGIES (please specify) _____ Does this child carry an EpiPen? ☐ YES ☐ NO

CHILD'S NAME First, Middle, Last _____

DATE OF BIRTH _____

Gender (M/F) _____

GRADE and SCHOOL _____

SPECIAL NEEDS: ☐ ADD/ADHD ☐ AUTISM/ASPERGER'S ☐ LEARNING DIFFICULTIES ☐ HEARING/SIGHT

☐ ALLERGIES (please specify) _____ Does this child carry an EpiPen? ☐ YES ☐ NO

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DATE OF BIRTH _____

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GRADE and SCHOOL _____

SPECIAL NEEDS: ☐ ADD/ADHD ☐ AUTISM/ASPERGER'S ☐ LEARNING DIFFICULTIES ☐ HEARING/SIGHT

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SPECIAL NEEDS: ☐ ADD/ADHD ☐ AUTISM/ASPERGER'S ☐ LEARNING DIFFICULTIES ☐ HEARING/SIGHT

☐ ALLERGIES (please specify) _____ Does this child carry an EpiPen? ☐ YES ☐ NO

Please use the calendar provided for the Faith Formation schedule. All schedules are subject to change
We will use the REMIND System for any urgent messages. If your child has fevers or is not well, do not
send them to class. You will have access to our online portal for all missed assignments.