

YOUTH RELIGIOUS EDUCATION REGISTRATION FORM 2024-25

Welcome to the 2024-25 Religious Education year at Little Flower!

Catechesis of the Good Shepherd (ages 3-grade 6), and "The Chosen" (grade 7) will begin on **Wednesday**, **September 11th**. **Grades 4-6 will meet from 5:30 p.m. to 7:30 p.m.**

Ages 3-Grade 3 and Grade 7 will meet from 6:00 p.m. to 7:30 p.m. Confirmation will begin on Wednesday, September 18th from 6:00 p.m. to 7:30 p.m.

All ages, please register by August 23rd.

The fee is \$75 per child, with a maximum of \$225 per family. Tuition is WAIVED for children/grandchildren of Catechists and Catechist Assistants, committing to a particular formation session for the full Faith Formation year. Checks can be made payable to Little Flower Church. There is also an online payment option on the Youth Religious Education page of our website: littleflowerminot.com. A \$2.50 transaction fee applies to the online payment. DUE TO CLASSROOM SPACE LIMITATIONS, LITTLE FLOWER PARISHIONERS WILL BE GIVEN FIRST PRIORITY.

PARENT/GUARDIAN INFORMATION	
MOTHER'S NAME:	
Mother's Email:	
Mother's Phone #:	
Father's name:	
Father's Email:	
Father's Phone #:	
MAILING ADDRECC.	
EMERGENCY CONTACT:	
name & relationship:	
Phone #:	
ATRIUM VOLUNTEER OPPORTUNITOUR TEACHERS WOULD APPRECIATE ANY HELP YOU CAN PREFORMATION. PLEASE CHECK ONE OR MORE AREAS WHERE YOUR PROGRAM.	OVIDE IN THE ATRIUM TO SUPPORT THE
CHECK ALL THAT APPLY:	
TRAINED CGS CATECHIST	ATRIUM WORKS: CONSTRUCTION/
Catechist Assistant: Full Year	repair, material cutting,
Commitment	LINENS CARE, COPYING
ATRIUM OBSERVATION: SCHEDULED WITH	ATRIUM SETUP: 4PM-5PM EACH
Catechist after november	Wednesday None
HALLWAY MONITOR/GREETER	NONE

STUDENT INFORMATION

CHILD #1	CHILD #2
name (first/last):	Name (first/last):
Date of Birth:	
grade: Age:	Grade: Age:
sacraments Received (please list	sacraments Received (please list
date received, parish, city & state)	date received, parish, city & state)
BAPTISM	BAPTISM
☐1st Communion	Ist Communion
CHILD #3	CHILD #4
name (first/last):	Name (first/last):
Date of Birth:	Date of Birth:
Grade: Age:	
sacraments Received (please list	sacraments Received (please list
date received, parish, city & state)	DATE RECEIVED, PARISH, CITY & STATE)
BAPTISM	BAPTISM
☐ 1ST COMMUNION	IST COMMUNION
SPECIFIC NEEDS (ALLERGIES, MEDICAL CONCERMAY HAVE:	rns, learning disabilities) your child(ren)
	SACRAMENT RECEIVED IS REQUIRED IF NOT DED TO THE CHURCH.
AUTHORIZATIONS	
I AUTHORIZE LITTLE FLOWER TO CHILD IN CASE OF MEDICAL EMER	CONTACT EMERGENCY SERVICES FOR MY RGENCY.
I GRANT PERMISSION TO PUBLISH ON THE PARISH WEBSITE, BULLETI	my child's likeness and/or photo n, and social media.