

The Church of the Incarnation
7th and 8th Grade Faith Formation
Registration 2015-2016

Student's Name: _____

Grade (Sept. 2015) _____

Parent Names _____

Street Address _____ Town _____

Home Phone # _____ Cell Phone # _____

Email address _____

Please tell us if your child has a special need, medical problem, or specific allergy.

(All information remains confidential between parent, director, and catechist.)

Registration Fee : \$60 One Child
\$100 Per family if more than 1 registering for Faith Formation

Registration form and payment are due by May 20, 2015. Please honor this date.

Checks should be made out to: Incarnation Religious Education
and mailed to: Church of the Incarnation
Office of Faith Formation
544 Prospect St.
Wethersfield, CT 06109

Throughout the school year pictures of the students may be taken for the website. No child will be named. If YOU DO NOT want your child's picture to appear on the website please sign below.

Parent Signature _____