Church of Saint	Luke
17545 Huber Ave	•
Clearwater, MN	55320

Today's Date: _____

Family Name (Last name & Child's la different)				
Mother	Father_	Father		
Address	_City	Zip		
Phone:	Emergend	cy Contact		_
Email: (in case of closings and for activ	ities)			_
Student Name	Gender	Grade	Birthdate	
Student Name	Gender	Grade	Birthdate	
Student Name	Gender	Grade	Birthdate	
Student Name	Gender	Grade	Birthdate	
Student Name	Gender	Grade	Birthdate	

•If your child has any allergies or medical condition that could be life threatening and we should be aware of please list

Parents, it takes many volunteers to make our faith formation happen. We would love to have you join us in teaching and fellowship with the youth. If you have never taught before no problem, you can assist or team teach. There is a <u>\$25 discount available</u> if you are able to help each week with a class or other areas. Please contact Marilyn Popp at <u>stlukefaithandlife@gmail.com</u> if you are interested in helping prior to completing this form to discuss volunteer availability.

Return form to the parish office by mail, drop off or drop in collection basket in envelope marked "Faith Formation"

******Registration Fees****	******
\$55 per school year Faith Formation grades 1,3,4,5,6,7,8,9	\$
\$60 per school year per 2nd grade youth	\$
\$70 per school year per 10th grade youth	\$
••4 th child and additional children are free••	
\$25 discount for each teacher, weekly assistant or other volunteer	approved by Faith formation director
Total	Discounts - \$
	TOTAL\$
OFFICE USE ONLY	
\$25 discount for each teacher, weekly assistant or other volunteer Total	Discounts - \$

Check Number	Amount	
Date	Received by	