## QUO VADIS DOMINE FAMILY OF PARISHES AT ST. FRANCES CABRINI 2024-25 AFTERSCHOOL DISCIPLESHIP FORMATION REGISTRATION FORM

Family Last Nan	ne:			Date:	
			Code:		
Primary Phone: _		Primary Email: _			
			holic Church)		
			An active registered mer lent, and Treasure" to Un		
			toward heaven without gival Volunteer / Catechist	_	d. Examples:
	Our talents are not just for Finance / Gardener / Pho		also for the enrichment o Member	f the lives of others. E	Examples:
		•	ney or allow it to distract sacrificial generosity to t	1 0 .	yes on Him. Ir
Select Program:					
classroom is	essential; this additional	preparation focuses	seive a sacrament, additions specifically on the sacrativing throughout the school	ment your child is pre	paring to
(A 2 <sup>nd</sup> grade s	n/First Communion Prep tudent who has complete School or Religious Edu	ed an approved $1^{st}$ $\xi$	\$35 grade religion curriculum	x# of Children	= \$
,	Preparation: estudent who has complete a Catholic School or Re	* *	t – 7 <sup>th</sup> grade religion	x# of Children	= \$
o 4:30pm to	ning Discipleship Form 6:00pm Session (1st to 8:00pm Session (1st to	5 <sup>th</sup> Grade)	formerly Religious Education 1 Child = \$125 <u>OR</u> 2+ 1 Child = \$125 <u>OR</u> 2+	Children = \$160	= \$ = \$
				TOTAL DUE	= \$
		rini 🛮 Cash/Debit/	Credit Card in the Parish	Office	Monthly
<ol> <li>Scr</li> <li>Sel</li> <li>Ent</li> <li>In t</li> </ol>	it www.cabriniparish.org oll to the bottom of the l ect "Discipleship Forma er the total due in the "C he "Notes", list each Ch er Personal Information	nome page, click th tion Tuition", click Gift Amount" ild's First and Last	"Give Now"  Name, click "Continue"	DONA	ATE V!
OFFICE USE: A	mount Paid: \$	Online / Cre	dit / Cash / Check#		
P	ayment Received By:		Date:		

## PARENT INFORMATION

Father's Name:			Kengion.		
Nombre del padre			Religión		
Phone: ()	E-	Mail:			
Madlan Nama			D. P		
Mother Name:			Religion: Religión		
vomore uer puure			Rengion		
Phone: ()	E-l	Mail:			
Custodial Guardian (	if different from abov	ve)•			
Tutor (si es diferente d	lel anterior)				
Phone: ( )	- E-I	Mail:			
				<del></del>	
:======================================			DMATION		
		<u>CHILD'S INFO</u>	RMATION		
Student Full Name: _			Gender	:	
Nombre del alumno			Género	•	
Date of Birth:		Grade:	_ School:		
Fecha de nacimiento		Grado	Escuela		
Place/Lugar:					
acrament:	Baptism Catholic?	Communion	Penance	Confirmation	
		(2 <sup>nd</sup> Grade)	(4 <sup>th</sup> Grade)	(8 <sup>th</sup> Grade)	
Pate Received:					
Fecha de recepción					
Allergies learning or	physical disabilities	:			
mergies, rear ming or					
		CHILD'S INFO	RMATION		
		_		:	
Student Full Name: _		_		:	
Student Full Name: _ Nombre del alumno			Gender Género	•	
Student Full Name: _ Nombre del alumno Date of Birth: _		_Grade:	Gender Género School:	•	
Student Full Name: _ Nombre del alumno Date of Birth: _ Fecha de nacimiento		_Grade: Grado	Gender Género	•	
Student Full Name:		Grade:Grado	Gender Género  School: Escuela  Penance	Confirmation	
Student Full Name:		_ Grade: <i>Grado</i>	Gender Género School: Escuela	· 	
Student Full Name:		Grade:Grado	Gender Género  School: Escuela  Penance	Confirmation	