

GENERATIONS OF FAITH (GOF)

PLEASE PRINT CLEARLY **2009-10 REGISTRATION—FAMILY INFORMATION**
Lumen Christi Catholic Formation
 138 W. Buntrock Avenue, Thiensville 53092
 (262) 242-7978

Date of C.F. Registration _____

Registered Parishioner?
<input type="checkbox"/> Yes <input type="checkbox"/> No

1) REGISTERING PARENT/GUARDIAN: Address mail to Mr. & Mrs. Ms. Mr.

Family's Last Name _____ Father _____ Religion _____

Street _____ Mother _____ Religion _____

City _____ ZIP _____ Home Ph: () _____ Father's Cell / Day Ph: () _____

IMPORTANT!	Mother's
Family E-mail	Cell / Day Ph: () _____
CURRENTLY USED:	

2) INFORMATION IF PARENT RESIDES ELSEWHERE:

Full Name _____ Religion _____

Street _____ City _____ State & Zip _____

3) EMERGENCY CONTACT (to call in your absence)

_____ Phone _____

<p>PLEASE OBSERVE THIS REGISTRATION DEADLINE and submit forms as soon as possible to address listed above. <i>Tuition is \$140 per child for the first three children in the family only.</i> <i>Minimum deposit of \$100 for each student needs to accompany the registration.</i></p>	<p>OFFICE USE ONLY</p> <p>DEPOSIT PAID \$ _____</p> <p>CK# _____ DATE _____</p>
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AS AN ADULT, I WILL VOLUNTEER FOR THE FOLLOWING:

Indicate which parent is volunteering: **F** = Father or **M** = Mother

- _____ Confirmation Catechist, Grade 11
- _____ GOF Catechist _____ Grade(s) ___ Wed, 5:30 ___ Sun, 12:15 ___ Sun, 5:00 ___ Mon, 5:30
- _____ GOF Substitute Catechist ... _____ Grade(s) ___ Wed, 5:30 ___ Sun, 12:15 ___ Sun, 5:00 ___ Mon, 5:30
- _____ GOF Catechist Aide _____ Grade(s) ___ Wed, 5:30 ___ Sun, 12:15 ___ Sun, 5:00 ___ Mon, 5:30
- _____ GOF Kitchen Crew ___ GOF Greeter ___ GOF Prayer/Music/Reader ___ GOF Actor/Storyteller
- _____ GOF Set-up or Clean-up ___ GOF Photographer ___ GOF Hall Monitor/Runner ___ GOF Babysitting
- _____ Youth Ministry Chaperones—**A CRITICAL NEED!** ___ Overnight Retreats ___ After school/evening trips
- _____ Outreach Leaders Skill/Talent not listed here
- _____ Children's Liturgy of the Word which I can share: _____

PHOTO RELEASE:

Lumen Christi has my approval to use our pictures in Parish publications and on the Parish website.

Parent Signature: _____



GENERATIONS OF FAITH (GOF)

2009-2010 FAMILY MEMBERS REGISTRATION FORM

Lumen Christi Catholic Formation

Family _____

Phone _____

Please CHECK HERE the day / time your family will attend monthly G.O.F sessions:

____ Wednesdays at 5:30 pm ____ Sundays at 5:00 pm

____ Sundays at 12:15 pm ____ Mondays at 5:30 pm

CONFIRMATION FAMILIES:

11th graders will attend additional classes in their group leaders' homes on Sundays at 6:30 pm.

Please indicate here if your 11th grader is allergic to any house pets _____.

List here ALL household members attending Generations of Faith (include adults and those under age 4 needing childcare).

<i>STUDENT & ADULT</i> FIRST NAME	PARTICIPANTS LAST NAME	M/F	SCHOOL ATTENDING	GRADE IN FALL	CHILD'S BIRTHDATE	SACRAMENTS RECEIVED (Y/N)		
						BAPT	1st EUCH	1st RECON

(Additional space on back.)

➔ If new to Lumen Christi Catholic Formation, please indicate religious education program your children attended last year: Parish: _____ City and State: _____

CONFIDENTIAL INFORMATION

Please indicate any physical, sensory, emotional or learning needs or any other special needs/circumstances that your child(ren) have.

CHILD'S NAME	SPECIAL CIRCUMSTANCES / NEED	ALLERGIES