Date: _____

(one per family)

FATHER Last Name	First Name		Cell Phone	
Address	City	S1	ateZip	
Home Phone	Email	o	ccupation	
MOTHER Last Name	First Name		Cell Phone	
Address	City	S1	ate Zip	
Home Phone	Email	Oc	cupation	
Registered St. Charles Borromed	o Parishioner 🗖 Registered in another Parish	(specify)	Not registered in	any parish C
In case of emergency, wh	nom should we contact if we are una	ble to reach a pare	nt/guardian?	
Name	Relationship:	Contact N	umber:	
Name	Relationship:	Contact N	umber:	
	We Need He	elp!		
Are you willing to volur	nteer as a Catechesis of the Good S	Shepherd Aide?		
Are you willing to volur	nteer as a Family Catechesis Mento	or?		
Are you willing to volur	nteer for EDGE/Life Teen Core Tea	m?		
Are you willing to help	make/serve meals?			
Not sure, but willing to	help? We will contact you with op	oportunities.		
	How can we as a Churc	h, help you?		
Door oither parent for a	uardian) need Baptism? Or	П		
First Communion? Or Co	onfirmation?			
Does either parent (or guardian) need an Annulment? If Married, but not married through the Church, would		_		
you like to inquire a	bout Catholic Convalidation of Marriage?	_		
Would you like your hou	se to be blessed?	Ш		
Something to think about	t: These are the five Precepts of the C are called to		five basic things we, a	as Catholics
	-:- t-::cu to			
Do you as a family: 1. Attend Mass on 9				

Parent/guardian Signature: _____

Family	Last	Name			

Student Enrollment 2021-2022

(one per family)

Input the number of	children	you will have	in each section
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A) Cateches	is of the Good Shephe		g cniiaren you wiii nave in eac Hila			
years old to !	•	•	D) Life Teen (9 th -12 th)			
•	ay/Time TBA		,	30 pm – 8:30 pm		
grade)SundayMonda C) Edge (6 th -	Faith Session (Kinder t v 11:30 am -1:00 pm ny 5:15 pm – 6:45 pm – 8 th grades) v 6:30 pm – 8:30 pm	Sunday 9:0 F) Confirmation	E) First Communion (2 nd Grade) Sunday 9:00 am – 10:00 AM F) Confirmation (8 th Grade) Sunday 6:30 pm – 8:30 pm			
	· 0.30 рін — 6.30 рін					
uition Cost: Program	Cost		Number of Children	Total		
CGS	\$70.00 (per child)	Х				
Family of Faith	\$70.00 (per family)					
EDGE	\$60.00 (per child)	Х				
life Teen	\$50.00 (per child)	Х				
First Communion	\$20.00 (per child)	Х				
Confirmation	\$20.00 (per child)	Х				
			Grand Total			
ayment Options:	Check #		Amount \$			
nstallments: 1 st Installme	ent: Check#	_ Amo	nt \$ Date:			
2 nd Installm	nent: Check#	_ Am	unt \$ Date: _			
3 rd Installm	nent: Check#	_ Am	unt \$ Date: _			
4 th Installm	nent: Check#	_ Am	unt \$ Date: _			
	rship:					
equest Schola						
<u>equest Schola</u> Partial:	Amount \$	S	(Use Installment Sect	tion for Remaining Amo		

Parent/guardian Signature: ______ Date: _____



Registration

Registration Form A for CGS, Family Catechesis, Edge & Life Teen
2200 W. Elm St. Lima, OH 45805 + (419) 228-7635 + everettz@stcharleslima.org

Please sign and date this form and return it to the Parish Office

Registration can also be completed online at: www.stcharleslima.org/

			MIDDLE
EXBIRTHDA	·TE	SCHOOL	
SRADE T-SHIRT SIZE		YOUTH CEL	L PHONE
XTRACURRICULAR ACTIVITIES	\$		
ACRAMENTS RECEIVED	YES	NO	PLACE
aptism			
econciliation			
oly Communion			
onfirmation			
	L	LIABILITY WAIVER	
f Toledo, St. Charles Borrome ssociated with any ongoing so o my child and/or property, ir	neirs, successors, a eo (its pastors, you cheduled activities ncluding all damag	nd assigns, to releas th minister, principa from all damages, c es, claims, suits, exp	g (Name of Parent) se and hold harmless and defend the Diocese al, other agents, etc.) or any representatives claims, suits, expenses and payments for injur senses and payments resulting from the Church, and/or their officers, directors and
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Parent/guardian Signature:	Date:
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