

G.I.F.T. Growing In Faith Together Single Event Registration Form 2008 – 2009

- Please complete this form and return it to St. Mary's Religious Education Office.
- Please make checks payable to St. Mary of the Hills.

Contact Information

Please print legibly

Parishioner Last Name		Date	
Address	City	State	Zip Code
Home Telephone Number		Cell Phone Number	
Email Address (Program Information and Updates will be sent to this address)			
In case of an emergency during the GIFT program, notify:			Emergency Telephone
Does anyone in your household have special needs?	If yes, please describe:		

Formation Level

Include last name if different from above. Children may not attend without a parent present.

Indicate the name as well as the formation level for each person attending:
Adult (18yrs. +) = Adult
School-age Children (Age 4 Preschool thru High School)= School Grade in Fall 2008

Name	Adult <input type="checkbox"/>	School-Aged Child <input type="checkbox"/>
		Grade _____
Name	Adult <input type="checkbox"/>	School-Aged Child <input type="checkbox"/>
		Grade _____
Name	Adult <input type="checkbox"/>	School-Aged Child <input type="checkbox"/>
		Grade _____
Name	Adult <input type="checkbox"/>	School-Aged Child <input type="checkbox"/>
		Grade _____
Name	Adult <input type="checkbox"/>	School-Aged Child <input type="checkbox"/>
		Grade _____

Babysitting will be provided free of charge but we ask that you RSVP the week prior to your session.
Do you plan to use this service? Yes No If Yes, how many children? _____

Sessions

We will be attending the following months (\$6 per month):

___ Sept ___ Oct ___ Nov ___ Dec ___ Jan ___ Feb ___ Mar ___ Apr ___ May

Total Number of Months attending _____

We ask that you commit to this day for all GIFT sessions that you attend this year. Rank the following sessions in order of preference. We will try to honor all requests for 1st and 2nd choices on a "first come, first served" basis.

Sunday 12:15 – 3:15 PM	<input type="checkbox"/>	Wednesday 6:00 – 9:00 PM (High School Friendly Night)	<input type="checkbox"/>
Sunday 4:00 – 7:00 PM	<input type="checkbox"/>	Friday 6:00 – 9:00 PM	<input type="checkbox"/>

Material Fee

<i>Number of sessions</i>	<i>x Cost per session</i>	<i>= Material Fee</i>
Sessions	\$6	Material Fee

Children (grades K - 8) are using textbooks this year. Please indicate if you would like to purchase a textbook for your child.

Number of children (K – 8) _____	X \$20 (Book fee per child)	
TOTAL MATERIAL FEE		

Meal Fees

Please note: food allergies are NOT taken into account by our caterer.

<i>Number of attendees</i>	<i>x Cost per meal</i>	<i>x Total number of sessions</i>	<i>= Meal Fee</i>
Attendees (Aged 10+)	\$6	Number of Sessions	Meal Fee
Number of attendees (Under age 10)	\$3	Number of Sessions	Meal Fee
TOTAL MEAL FEE			

We will not participate in the meal portion of GIFT

All fees due upon registration.

Please make checks payable to St. Mary of the Hills. No one will be denied participation due to financial concerns. Please contact the Religious Education office at 248-844-8662 for information.

Material Fee _____ **+** **Meal Fee** _____ **= Total Fee** _____

For office use: Total \$ due _____ *Amount paid* _____ *Check #* _____