

Catholic Family Formation and Evangelization (CaFFE) Family Registration Form 2017-2018
CaFFE, St. Norbert Parish, 50 Leopard Road, Paoli, PA 19301

Return completed form with tuition payment to:
 Director of Religious Education
 St. Norbert Parish Office
 50 Leopard Road.
 Paoli, PA 19301

Please check one option

Standard Program

Grades 1 - 6 meet on Sundays in school classrooms from **10:10 - 11:20 AM**. Each child should have no more than 3 unexcused absences for the year.

Family Program

Meets one Sunday/month in dining hall, 10:00–11:15AM
(By signing below I understand that I am committing my family to participate in the monthly meetings and doing the assigned home study program.)

First time registrations must also fill out a permanent record form and supply a copy of each child's Baptismal Certificate.

Please print clearly

Child's full name (last, first)	CaFFE Last Year?	Sex M/F	Date of Birth	2017-2018 Grade	Name of school attending in 2017-2018

Preferred Email for CaFFE Communication: _____ Additional Email: _____

Phone: _____ Additional Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Father's Name: (first) _____ (last) _____

Mother's Name: (first) _____ (last) _____ (maiden) _____

Emergency Contact if we are unable to reach you: Name _____ Relationship _____ Phone _____

TUITION (check one)
 Checks payable to St. Norbert Church

Received before July 1
\$130 per Student (\$400 max/family)

Received on or after August 1
\$170 per student (\$500 max/family)

Total fee included: _____

For information or questions, contact Mark Griswold at (610) 644-1655 x114 or email mark@stnorbert.org

Signature _____ **Date** _____ **Relationship to Child(ren)** _____

Permission to Photograph: I give permission for my child(ren)'s photo to be used (without name) in the St. Norbert parish bulletin or web pages

Volunteer: I am willing to volunteer during the year: Weekly (may qualify for reduced fee) Occasionally (standard fee will apply)

Signed (parent/legal guardian): _____ Date _____

Additional Student Information - *Please provide the following updated information for each student*

Student name: _____

_____,
Significant FOOD Allergies

Other Allergies

Disabilities needing special consideration for classroom support

Any other considerations for this student that are relevant to the religious education classroom:

Student name: _____

_____,
Significant FOOD Allergies

Other Allergies

Disabilities needing special consideration for classroom support

Any other considerations for this student that are relevant to the religious education classroom: