**Re-Registration Church of the Assumption**

**Faith Formation – 2024-2025**

**Rose Strohmaier, Parish Catechetical Leader**

[faithformation@assumptionbvmnj.org](mailto:faithformation@assumptionbvmnj.org) (908) 303-9692

302 High Street P.O. Box 547, Hackettstown, NJ 07840-0547

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* **Early-bird discount: March 25 to May 10, 2024:**

$100 for one child, $150 for two, $200 for three or more children.

* **Registration Fee: May 13 to June 28**

$150 for one child; $205 for two, $245 for three or more children.

* **Late Registration:**

$175 for one child; $230 for two; $270 for three or more

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* **Preparation Fee** (cost of gowns, banners, prayer book, retreats, Mass, etc**.)**

**$25 First Communion $20 Confirmation I $50 Confirmation II**

* **Faith Formation Catechist Discount:**
  + Cost per child if Mother or Father is Catechist- $75 for one child, $100 for two, $175 three or more

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| **Family**  **(Complete all)** | | **Child’s Name**  **(Child’s full name if different from Family Name)** | **Public School Grade 2023-2024 year/Age** | **Formation Year-PCL will complete** |
| **Family Last Name**  **\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Father**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mother Maiden\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mass your family attends:  Saturday 5:30\_\_\_\_ 7:00PM\_\_\_\_\_  Sunday: 8:00\_\_\_\_\_ 10:00\_\_\_\_\_ | |  |  |  |
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| **Phone #** | | **Emergency #** | **Cell #** | |
|  | |  |  | |
| **Address** |  | | | |
| **E-Mail** |  | | | |

**Photo Release:** I give permission for my child/ren to be photographed during class times and other program events.  I understand that these images may be used in a display inside church property and/or posted on the parish website, and/or may be submitted to local newspapers.    
**Signature:**   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Needs:** If your child(ren) have any special need at all, list them below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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