

# 2017-2018 G.I.F.T. GROWING IN FAITH TOGETHER

(Please Print)

**Last Name** (Head of Household): \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

City

Zip Code

**Phone #1:** (\_\_\_\_) \_\_\_\_\_ **Phone #2:** (\_\_\_\_) \_\_\_\_\_

**Email (required):** \_\_\_\_\_

## Parent / Guardian Information

Child resides with:  Mother  Father  Both Parents  Guardian

<b>Father's name:</b> _____ Religion: _____ Marital Status: _____	<b>Mother's name:</b> _____ Religion: _____ Marital Status: _____ Maiden Name: _____
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## Student Information

<b>Child's Name</b> _____ <b>Current Grade</b> _____ <b>M/F</b> _____ <b>Birth date</b> _____ <b>Church/City of Baptism</b> _____ <b>Date</b> _____ <b>Sacrament to be received this year</b> _____
<b>Child's Name</b> _____ <b>Current Grade</b> _____ <b>M/F</b> _____ <b>Birth date</b> _____ <b>Church/City of Baptism</b> _____ <b>Date</b> _____ <b>Sacrament to be received this year</b> _____
<b>Child's Name</b> _____ <b>Current Grade</b> _____ <b>M/F</b> _____ <b>Birth date</b> _____ <b>Church/City of Baptism</b> _____ <b>Date</b> _____ <b>Sacrament to be received this year</b> _____
<b>Child's Name</b> _____ <b>Current Grade</b> _____ <b>M/F</b> _____ <b>Birth Date</b> _____ <b>Church/City of Baptism</b> _____ <b>Date</b> _____ <b>Sacrament to be received this year</b> _____

*My child/ren is allowed to be photographed for use on parish website or bulletin. No names will be used.*

**Signature:** \_\_\_\_\_



**Write your child's name in the weekly class they wish to attend**

<b>Grade/ Session</b>	<b>Sunday 11:00am-12:30pm</b>	<b>Tuesday 6:00pm-7:30pm</b>
Kindergarten		No Kindergarten Class
1 <sup>st</sup> Grade		
2 <sup>nd</sup> Grade		
3 <sup>rd</sup> Grade		
4 <sup>th</sup> Grade		
5 <sup>th</sup> Grade		
6 <sup>th</sup> Grade		
7 <sup>th</sup> Grade		
8 <sup>th</sup> Grade		

**Faith Formation sessions begin on Sunday, Sep. 24 or Tuesday, Sep. 26**

**G.I.F.T. EVENTS:** Choose ONE day to attend all 3 events

<b>HOW MANY WILL ATTEND G.I.F.T.?</b>	<b>Adults (18+) =</b>	<b>High School =</b>	<b>Middle School =</b>	<b>Elementary =</b>
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<b>Day you will attend <input checked="" type="checkbox"/></b>	<b>GIFT #1</b>	<b>GIFT #2</b>	<b>GIFT #3</b>
<input type="checkbox"/> <b>SUNDAY</b>	<b>1:00 - 3:00 October 22</b>	<b>1:00 - 3:00 January 21</b>	<b>1:00 - 3:00 March 18</b>
<input type="checkbox"/> <b>TUESDAY</b>	<b>6:00 - 8:00 October 24</b>	<b>6:00 - 8:00 January 23</b>	<b>6:00 - 8:00 March 20</b>

**Tuition Includes: ALL classes, GIFT family events and meals**

- Parishioner of POP                      \$140.00 (per child)                      Tuition \$ \_\_\_\_\_  
Envelope # \_\_\_\_\_
- Kindergarten program                      \$140 (per child)                      Tuition \$ \_\_\_\_\_
- \*\*Non-Parishioner                      \$200.00 (per child)                      Tuition \$ \_\_\_\_\_

**Supplemental Sacrament Fees - check  which apply**

- Penance/First Communion Fee                      \$ 60.00                      Fee \$ \_\_\_\_\_
- \*\*Non-Parishioner                      \$100.00
- Confirmation Fee                      \$ 60.00                      Fee \$ \_\_\_\_\_
- \*\*Non-Parishioner                      \$100.00

**Total Tuition & Fees: \$ \_\_\_\_\_**

**\*\* NON-PARISHIONER TUITION & SACRAMENTAL FEES MUST BE PAID IN FULL AT TIME OF REGISTRATION**

*Return registration and payment to:*  
**Prince of Peace Religious Ed Office**  
 5300 Green Road, W. Bloomfield, MI 48323  
 Checks payable to: "Prince of Peace"  
 Phone: 2487-681-5070

**For Office Use:**

Date Received: \_\_\_\_\_  
 Amount Paid: \_\_\_\_\_  
 Cash/Check#: \_\_\_\_\_