

Date: _____

Last Name: _____

Child's Last Name if Different: _____

St. Mary Magdalen Faith Formation Registration 2009/2010

FAMILY INFORMATION

Address: _____ City/Zip: _____

Home Phone: _____ Cell: _____ Email Address: _____

Emergency Contact/Relationship/Phone: _____

Special Instructions: _____

The session dates are as follows:

Session A: Sept 16, 23, 30, Oct 7, 14, 21, 28 and Nov 4

Session B: Nov 18, Dec 2, 9, 16

Session C: Jan 20, 27, Feb 3, 10, 24, March 3, 10, 17

Session D: April 14, 21, 28, May 5

Dinner begins at 5:15. Class begins in the church at 6:15. Class is dismissed at 7:45.

*Adults planning to attend classes should circle the sessions they will be attending.

NAME	*Grade as of 9/8/09	**Protecting God's Children Sept 9 (Please circle one)		W.O.W. Preschool Program (Please Circle Mass Time only if Enrolling)	
	A B C D	X		X	
	A B C D	X		X	
		Attend	Opt Out	9:00	11:00
		Attend	Opt Out	9:00	11:00
		Attend	Opt Out	9:00	11:00
		Attend	Opt Out	9:00	11:00

Protecting God's Children is a program to help equip our children with an understanding of safe touch and boundaries between both peers and adults. Your child may have participated in a similar program in their school and you may choose to opt out of participation. **Please circle either Attend or Opt Out.