



PARISH OF THE TRANSFIGURATION FAITH FORMATION – 2025-2026 REGISTRATION FORM

Grades 1 through 6 Class Selections

<u>Sessions</u>	<u>Day / Time</u>	<u>Grade</u>	<u>Place</u>
<i>Adaptive</i>	<i>Sunday – 9:00 am</i>	<i>1 – 10</i>	<i>St. Thomas</i>
<i>S1</i>	<i>Monday - 4:30 – 5:30 pm</i>	<i>1, 3, 4, 5 and 6</i>	<i>St. Thomas</i>
<i>S2</i>	<i>Monday – 5:45 – 6:45 pm</i>	<i>1, 3, 4, 5 and 6</i>	<i>St. Thomas</i>
<i>S3</i>	<i>Tuesday – 4:15 – 5:15 pm</i>	<i>2 only</i>	<i>St. Thomas</i>
<i>S4</i>	<i>Tuesday – 5:30 – 6:30 pm</i>	<i>2 only</i>	<i>St. Thomas</i>
<i>S5</i>	<i>Tuesday – 4:30 – 5:30 pm</i>	<i>1, 3, 4, 5 and 6</i>	<i>St. Dorothy</i>
<i>HS</i>	<i>Mandatory monthly turn-in</i>	<i>1, 3, 4, 5, 6 and 7</i>	<i>Home School</i>

Grades 7 through 9 Class Selections (Classes will follow the class calendar)

Please select the Day you want your child to attend - only 1 choice is required per student

Grade 7: Sunday from 5:00 to 6:30 pm (St. Thomas)

Monday from 7:00 to 8:30 pm (St. Dorothy)

Grade 8 and 9: Sunday from 7:00 to 8:30 pm (St. Thomas)

Monday from 7:00 to 8:30 pm (St. Dorothy)

(Grades 7, 8 and 9 attendance policy must be strictly adhered to due to fewer classes)

All grade 8 and 9 students will attend a mandatory monthly Mass at St. Thomas at 7 pm with Bi weekly classes as shown on calendar.

****There is no home school for grades 2 ,7,8, and 9 due to Sacramental Preparations.**

Adaptive Program* – Space is limited. Please e-mail Jeanie Pettengill directly for more information regarding this program. Jeaniep@parishofthetransfiguration.org

Heritage Program* – Space is limited. Please e-mail Jeanie Pettengill directly for more information regarding this program. Jeaniep@parishofthetransfiguration.org

** Please note that classes and/or sessions will be cancelled if we do not have a teacher/office help or at least 25 students in the session **

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Fee: One Child - \$150.00, Two Children - \$225.00, Three or more Children - \$250.00

Registration fee is listed above. **Registrations submitted 7/1-7/30 please add a \$50 to your registration fee.**

Classes are assigned on a **first come, first-serve basis**. Homeschool is an option for all grades **except** grades 2,8,9.

Please print clearly.

Family Name: _____ (as listed on child's birth certificate)

Father's Name: _____ Cell #: _____

Mother's Name: _____ Cell #: _____

Mother's Maiden Name: _____

Guardian's name (if applicable): _____

Home Address (include town): _____

Primary Phone Number: _____ Emergency contact: _____

Primary email for all notifications: _____

Secondary email for all notifications (if applicable) : _____

Custodial Agreement\Restraining: Yes _____ No _____ If yes, the office **must have a copy** for the current year for our confidential files.

**** If you are registering your child for the FIRST time AND if they were not baptized at St. Thomas or St. Dorothy, you MUST provide us with a Baptismal certificate(s) from the church they were baptized at and a copy of their birth certificate for our files. If he/she did not receive their First Communion in our parishes, you must also provide us with a copy of their Communion certificate or the Church, they received it at.***

(Grade 1-9 please fill out ALL fields)

Grades 1 – 6 Sessions: S1, S2, S3, S4, S5 (please refer to first page for session number)

Grades 7 – 9 Please indicate Sunday or Monday (no session Number required)

Homeschool Please indicate HS (no session Number required)

Child's First and Last Name _____ Birthdate: _____ Sex _____

Church of Baptism, City/Date: _____ **Church of First Communion, City/Date:** _____

2025–26 Grade: _____ Session Number: 1st choice _____ 2nd choice _____

Child's First & Last Name: _____ Birthdate: _____ Sex: _____

Church of Baptism, City/Date: _____ **Church of First Communion, City/Date:** _____

2025–26 Grade: _____ Session Number: 1st choice _____ 2nd choice _____

Child's First & Last Name: _____ Birthdate: _____ Sex: _____

Church of Baptism, City/Date _____ **Church of First Communion, City/Date** _____

2025–26 Grade: _____ Session Number: 1st choice _____ 2nd choice _____

Child's First & Last Name: _____ Birthdate: _____ Sex: _____
Church of Baptism, City/Date Church of First Communion, City/Date

2025–26 Grade: _____ Session Number: 1st choice _____ 2nd choice _____

**Once classes have begun, a student must remain in the class assigned! **

Please indicate below if your child has special needs or medical concerns. This will assist us in making our Faith Formation program a success for your child:

I give the Parish of the Transfiguration my permission to photograph and/or video my child(ren). These videos are for zoom purposes. This applies specifically to Masses and events.

Yes _____ No _____

Volunteer Information:

Volunteers are essential to our program. All volunteers must fill out an **annual CORI** form and attend a **one-time, two-hour VIRTUS training**. Please indicate when your child(ren) attends class and in which capacity you would be willing to help.

Name: _____ Email: _____ Cell #: _____

Teacher _____ Co-teacher _____ Substitute/Office Help _____ Hall Monitor _____

All registration forms are to be filled out in its entirety for record verification. Please make checks payable to: **Parish of the Transfiguration**. We strongly encourage you to use the side door, at the faith formation office located near the handicapped parking of the church, to drop off your registration. Please check our website at www.parishofthetransfiguration.org for more information.

Please do not let finances prevent you from registering your child/children. Please email the Director of the program -Jeanie Pettengill- Jeaniep@parishofthetransfiguration.org. All conversations are confidential. Also, please update us annually if there are any **custodial agreements or restraining orders relevant to children in the program**. This is important to avoid all issues during class or event times.

We look forward to providing your child with a positive experience while collaborating as a parish family.
The Faith Formation Team

****Please contact Jeanie Pettengill by email; Jeaniep@parishofthetransfiguration.org for any questions about the registration****

****Request for any changes once registration has been submitted MUST be done by e-mail.
No changes will be accepted verbally! ****

For Office Use Only

Date Received: _____ Amount Paid: _____ Cash: _____ Check Number: _____ Verified By: _____