

St. Maximilian Kolbe Catholic Church  
**2011-2012 Faith Formation Registration**

For questions, email [faithformation@avaloncatholic.org](mailto:faithformation@avaloncatholic.org) or call Denise Kriscunas at 407-637-5773.  
En español, email [evangelization@avaloncatholic.org](mailto:evangelization@avaloncatholic.org) or call Edith Heinsen at 407-926-0915.

**\*\*\*Registration in the parish is required prior to enrolling in faith formation\*\*\***

Household Envelope #: \_\_\_\_\_ Household Last Name: \_\_\_\_\_

Head of Household Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Faith Formation** (for adults and children in grades K-12): **DATES MAY CHANGE!**

Wednesdays, 5:30 – 7:00 pm – Sep 7, 14, 21, 28, Oct 5, 12, 19, 26, Nov 2, 9, 16, 30, Dec 14, Jan 4, 11, 18, 25, Feb 1, 8

**OR**

Thursdays, 6:00 – 7:30 pm – Sep 8, 15, 22, 29, Oct 6, 13, 20, 27, Nov 3, 10, 17, Dec 1, 15, Jan 5, 12, 19, 26, Feb 2, 9

***At least one parent/guardian must enroll & participate with any children enrolled.***

**Participant(s) First and Last Names:**

\_\_\_\_\_ Adult  Child  Grade (as of Aug 2011): \_\_\_\_\_

\_\_\_\_\_ Adult  Child  Grade (as of Aug 2011): \_\_\_\_\_

\_\_\_\_\_ Adult  Child  Grade (as of Aug 2011): \_\_\_\_\_

\_\_\_\_\_ Adult  Child  Grade (as of Aug 2011): \_\_\_\_\_

\_\_\_\_\_ Adult  Child  Grade (as of Aug 2011): \_\_\_\_\_

\_\_\_\_\_ Adult  Child  Grade (as of Aug 2011): \_\_\_\_\_

Please explain if any household members have special needs of which we need to be aware (including if unable to learn in English [please note language needed]).

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

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Female Head of Household information:

Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Alt Phone: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Male Head of Household Information:

Religion:-----

Occupation:-----

Work Phone:-----

Alt Phone:-----

If there are children in the household, are the birth parents of all of the children listed above? **Yes / No**

If no, please describe relationship(s): \_\_\_\_\_

**Emergency Contact Information – If you are unable to reach me, please contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Diocese of Orlando Photo/Video Permission** *(REQUIRED IF CHILDREN UNDER 18 ARE REGISTERED)*

Consent, Wavier, Release: For and in consideration of benefits to be derived from the furtherance of the educational programs of the Diocese of Orlando, I, an undersigned parent or legal guardian of the child(ren) listed on this 2011/2012 Faith Formation Registration Form, do hereby consent, authorize and grant permission to the Diocese of Orlando and St. Maximilian Kolbe Catholic Church, Orlando, Florida, its agents, employees or duly authorized representative to take photographs, motion pictures, video or audio tapes of said student and do further consent to the publication, circulation and dissemination of said photographs, motion pictures, video or audio tapes or any duplication or facsimiles thereof for any purposes it may deem proper.

In granting such permission I hereby relinquish and give to the Diocese of Orlando, Orlando, Florida, all right, title and interest (I) (We) may have in the finished pictures, negatives, reproductions or copies, and further waive any and all rights to approve the use of such photographs, motion pictures, video or audio tapes and so release any and all claims of any nature whatsoever arisen for their use.

\_\_\_\_\_  
Parent or Guardian Name (please print)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**FEES : \$40 per person (Adult or Child) \*\$160 for 4 or more people enrolled**

Fees cover direct costs of books/materials used by each person, however, fees do not cover all the other costs of faith formation, which are paid for out of the collections at Masses. Please make your check payable to **St. Maximilian Kolbe Catholic Church**, writing ***Faith Formation*** in the memo.

# Adults enrolled \_\_\_\_\_ + # Children enrolled \_\_\_\_\_ = \_\_\_\_\_ Total # Enrolled

Total # Enrolled x \$40 per person = \$ \_\_\_\_\_ Amount Due ***(\$160 for 4 or more people)***

\$ \_\_\_\_\_ Amount Included Check #: \_\_\_\_\_

You may mail this form and your check to: 4013 Alcott Circle, Orlando, FL 32828 or you may return it in an envelope marked Faith Formation at any Mass in the collection basket.

**If fees present a hardship to your family, please contact Denise Kriscunas at 407-637-5773.**