

# Children's Faith Formation Registration Form



## Instructions:

Please complete form in its entirety and email back to [faithformation@stcolette.net](mailto:faithformation@stcolette.net). You can also mail, or drop off in person, with payment, to the St. Colette Faith Formation Office, **ATTN: Kim Glowicki**. Office Hours: Mon.-Thu. 8am-4pm. (*Hours may vary during the school year; please call to confirm*)

All payments & fees are due at time of registration. Cash, check or credit card accepted for tuition & fees. Please make checks payable to "St. Colette Parish." If paying by credit or debit card, you may also request a payment link from the Faith Formation Office. Please contact Kim at (734) 464-4435 or email her at [faithformation@stcolette.net](mailto:faithformation@stcolette.net) to request the payment link.

## Course Information:

### Children's Summer Faith Formation Program:

A two week long, focused course, for students who may enjoy a more immersive, classroom type environment. This program runs the last two-full weeks of June (Week 1: Mon.-Fri. 5:30-8:30pm; Week 2: Mon.-Thu., 5:30-8:30pm).

### Integrated Family Formation Program:

This format runs throughout the school year. Course material is given to the family to work on with the student at home. Students and families will then meet on the first Sunday of each month, at 8:30am, to dive deeper into the course material, with our Catechists & Faith Formation Director.

## Children's Faith Formation Parent/Student Handbook:

The St. Colette Children's Faith Formation Parent/Student Handbook is available through the St. Colette Faith Formation Office, or online at [stcolette.net](http://stcolette.net). The handbook contains the Faith Formation Mission Statement, as well as, the Code of Conduct, Attendance Policy and important information about the Children's Faith Formation Program. Parents/Guardians are required to obtain a copy, read it and acknowledge to abide by the information/guidelines contained in the handbook. To request a copy of the St. Colette Children's Faith Formation Parent/Student Handbook, contact Kim Glowicki at (734) 464-4435 or [faithformation@stcolette.net](mailto:faithformation@stcolette.net).

## Program Costs & Fees:

**Tuition Cost per Family:** *In-Parish:* **\$150** per family | *Out of Parish:* **\$335** per family

**Sacramental Fees:** *First Holy Communion:* **\$35** | *Reconciliation:* **\$25** | *Confirmation:* **\$55**

**Additional Fees:** *Workbook/Materials:* **\$40** per student

**Parent Information:**

*Father*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Catholic?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Parishioner at St. Colette?	Y <input type="checkbox"/>	N <input type="checkbox"/>

*Mother*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Catholic?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Parishioner at St. Colette?	Y <input type="checkbox"/>	N <input type="checkbox"/>

**Student Emergency Contact(s):**

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Volunteer Opportunities:**

I am interested in volunteering as a:

- Catechist     Hall Monitor
- Aide

I am interested in information about the following:

- Middle School Youth Group
- High School Youth Group

*Note: All volunteers must be compliant with the Safe Environments Policy put forth by the Archdiocese of Detroit.*

**Office Use Only:**

**Office Notes:**

**Total Tuition/Fees Due:** \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_

**Cash/Check #** \_\_\_\_\_

**Account Balance:** \_\_\_\_\_

**Student Information:**

*(If additional space is needed, please attach an extra copy of this page.)*

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_ Baptism (year & parish): \_\_\_\_\_

Allergies: \_\_\_\_\_

Grade Entering for 2026 Fall School Year: \_\_\_\_

**Sacraments Received:**

First Holy Y  N

Communion?

Reconciliation? Y  N

*Please indicate preferred program:*

Integrated Family Formation Program

Children's Summer Faith Formation Program

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_ Baptism (year & parish): \_\_\_\_\_

Allergies: \_\_\_\_\_

Grade Entering for 2026 Fall School Year: \_\_\_\_

**Sacraments Received:**

First Holy Y  N

Communion?

Reconciliation? Y  N

*Please indicate preferred program:*

Integrated Family Formation Program

Children's Summer Faith Formation Program

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_ Baptism (year & parish): \_\_\_\_\_

Allergies: \_\_\_\_\_

Grade Entering for 2026 Fall School Year: \_\_\_\_

**Sacraments Received:**

First Holy Y  N

Communion?

Reconciliation? Y  N

*Please indicate preferred program:*

Integrated Family Formation Program

Children's Summer Faith Formation Program

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_ Baptism (year & parish): \_\_\_\_\_

Allergies: \_\_\_\_\_

Grade Entering for 2026 Fall School Year: \_\_\_\_

**Sacraments Received:**

First Holy Y  N

Communion?

Reconciliation? Y  N

*Please indicate preferred program:*

Integrated Family Formation Program

Children's Summer Faith Formation Program

**Empowering God's Children & Safe Environments Policy Acknowledgement:**

In response to the **United States Conference of Catholic Bishops' (USCCB)** Charter for the Protection of Young People, the **Archdiocese of Detroit (AOD)** has provided all Catholic schools and faith formation programs with a mandated program for the safe environment of children. Empowering God's Children aims to equip children with the essential knowledge and skills, grounded in the richness of the Catholic Faith, helping them to understand their own, and others', dignity in mind, body & spirit. Empowering God's Children is neither a sex education nor "stranger danger" course. It is a Catholic course which teaches that God has created each one of us as special, and that we are meant to respect ourselves and others.

By signing, I acknowledge that the Empowering God's Children Program will be taught within the Children's Faith Formation Program, at St. Colette Catholic Church, in accordance with the requirements set by the **Safe Environments Office at the Archdiocese of Detroit.**

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 Parent/Guardian Printed Name

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 Parent/Guardian Signature

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 Date
**Mission Statement, Code of Conduct & Attendance Policy Acknowledgement:**

By signing I acknowledge that I have received and read the Faith Formation Mission Statement, Code of Conduct & Attendance requirements found in the Policies & Procedures, in the St. Colette Catholic Church's Children's Faith Formation Parent/Student Handbook, and I agree to follow the guidelines listed in them. *(A copy of the Faith Formation Handbook can be acquired through the St. Colette Faith Formation Office or you can download an electronic copy of it, online at [st.colette.net](http://st.colette.net))*

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 Parent/Guardian Printed Name

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 Parent/Guardian Signature

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 Date
**Media Release & Consent:**

By signing, I consent to photographs, videos and/or voice recordings to be taken of my child(ren), named in this registration form, for purposes of documentation and promotion of St. Colette Catholic Church and its Children's Faith Formation Program. By signing, I further understand and give my consent for St. Colette Catholic Church to publish photographs, videos and/or voice recordings of my child(ren), named in this registration form, in the St. Colette Catholic Church Bulletin, Social Media Accounts, Flocknote Communications and Printed Promotional Materials. By signing, I understand that I shall have no right of approval, nor am I entitled to any monetary or material compensation, for the use of my child(ren) (s) likeness/voice, in the above mentioned manners.

I understand that I have the right to revoke my consent for St. Colette Parish to publish photographs, videos and/or voice recordings of my child (ren), named in this registration form, at any time. *(Please submit requests for revocation in written format to [communications@stcolette.net](mailto:communications@stcolette.net))*

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 Parent/Guardian Printed Name

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 Parent/Guardian Signature

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 Date