Saint Raphael Parish, Milford, CT G.I.F.T. (Growing in Faith Together) Faith Formation Registration Form 2023-2024 Theme: The Sacraments

(Please print legibly)

Family Name	:								
Address:	City: ZIP:								
E-Mail(s):									
Home Phone: Work Phone:			Cell Phone:						
Please include last	Indicate an age group below								
Names of Adult, Teen, and Child Participants			Pre- School	Grade School	Middle School	High School	Adult		
At least one adult is required to attend with children and teens. Include adult and youth names			Check box	Indicate grade	Indicate grade	Indicate grade	Check Box		
Checks should be fee, please contact ** 2023/202	this form and return it to our Sain made payable to Saint Raphae of Maria Tomasetti, 203-988-85 24 faith formation registi your first choice and second ch	el Parish. F 1598 (cell pho 17 paration fee	or questions rone) or atomas e: \$75.00	e: GIFT reg setti@snet.r per fami	istration inc net	luding the r			
Session Day	Start/End Times		Dates (202						
Sunday	12 noon* – 2:15 pm		10/22, 11/12, 12/10, 1/21 (Child/Teen Lures), 2/25, 3/10, 4/21						
Tuesday	6:00 pm* – 8:15 pm		10/24, 11/14, 12/12, 1/23 (Child/Teen Lures), 2/27, 3/19, 4/23						
be served. Begin Please note the T	4, the start times will be adjusted ning in 11/2023, a pizza dinner buesday GIFT date in March is on entecost event in June will also be	e served beg 3/19 due to	ginning at 12 the 3/12 Pari	noon on Sui sh Mission.	nday and 6 An Advent/	pm on Tues Christmas e	sday. event in		
	if you have a family member Name:	to register	in one of ou Grade:	ır Sacrame	ental prepa Date of Birth		grams:		
First Eucharist:	Name:				Date of Birth:				
Confirmation:	Name:		Grade:		Date of Birth	ո։			

se list any special needs we should be aware of, e.g., allergies, special learning needs						
	Saint Raphael Parish Office/501 Naugatuck Avenue/Milford, CT 06460/					
	(203) 874-0634, x10 (Faith Formation) and www.saintraphaelmilford.org					