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| **2017-2018 Opening Your Heart Registration Form** |

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| **Name** |  |
| **Email Address** |  |
| **Street Address** |  |
| **City, State, Zip** |  |
| **Home Phone** |  |
| **Mobile Phone** |  |
| **Emergency Contact Name/Phone #** |  |
| **Birth Date: Month/Day** |  |
| **Home Parish** |  |
| **Childcare needed (Y/N)**  **# Children and Ages** |  |
| **Willing to volunteer to help with childcare if necessary (Y/N)** |  |
| **Seating request (1-2 friends)** |  |
| **Scholarship information** | ( ) scholarship requested for course fee  ( ) scholarship donation offered $\_\_\_\_\_\_ |
| **Payment ($25)** | ( ) Cash ( ) Check Check # \_\_\_\_\_ |

**Program cost is $25. Please make checks payable to: St. Pius X Church**

**Please return form and check to church office or mail to: St. Pius X Church**

**834 Brookside Dr, Fairfield, CT 06824, Attention: Walking With Purpose**

**Please order the Opening Your Heart study guide from the WWP website: *http://wwp-store.myshopify.com***