

# Faith Formation Student Registration Form 2015-2016

Student Name: \_\_\_\_\_

Gender: Female / Male

Name of Parent with whom student lives: \_\_\_\_\_

Parent Cell Phone Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Child Speaks: \_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Both

School's Name: \_\_\_\_\_ Special Needs Class: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Sacraments received:** \_\_\_\_\_ Baptism \_\_\_\_\_ 1<sup>st</sup> Reconciliation / 1<sup>st</sup> Eucharist \_\_\_\_\_ Confirmation

Was your child baptized Catholic?

\_\_\_\_ (YES) Name of Parish \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ (NO) What denomination \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

Last Faith Formation Class Attended...

\_\_\_\_\_ This is my first year in Faith Formation Class

\_\_\_\_\_ I have attended Faith Formation Classes the last being at \_\_\_\_\_ year \_\_\_\_\_ grade \_\_\_\_\_  
Where?

**Register my child in the following...**

## FAITH FORMATION:

\_\_\_\_\_ Elementary (Grades Pre-K thru 5<sup>th</sup>) *ENGLISH- Sundays 8:30-9:45 am*

\_\_\_\_\_ Elementary (Grades Pre-K thru 5<sup>th</sup>) *SPANISH- Sundays 10:30-11:45 am*

\_\_\_\_\_ EDGE (Junior High Grades 6-8) *ENGLISH ONLY – Sundays 6:15-8:15pm*

\_\_\_\_\_ LIFETEEN (High School Grades 9-12) *ENGLISH ONLY – Sundays 6:15-8:15pm*

## SACRAMENT PREPARATION: \_\_\_\_\_ Stage 1 \_\_\_\_\_ Stage 2

\_\_\_\_\_ RCIA for children (Grades 2<sup>nd</sup>-12<sup>th</sup>)

\_\_\_\_\_ Reconciliation and Eucharist (Grades 2<sup>nd</sup>-5<sup>th</sup>) ENGLISH \_\_\_\_\_ SPANISH \_\_\_\_\_

\_\_\_\_\_ Reconciliation and Eucharist (Grades 6<sup>th</sup>-12<sup>th</sup>)

\_\_\_\_\_ Confirmation (Grades 9<sup>th</sup>-12<sup>th</sup>) SUNDAYS (3:15pm) \_\_\_\_\_ WEDNESDAYS(7pm) \_\_\_\_\_

**Video & Photography Consent**

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video, etc.) in highlighting events during Faith Formation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Handbook & Calendar Acknowledgement**

As parent/guardian, I acknowledge I have read the Faith Formation Handbook and understand my responsibilities to ensure my child has a positive experience and participates in the faith formation program and activities. In addition, I have read and understand all the requirements my child has to fulfill in preparation to receive any and all of the Sacraments of Initiation. I have also received a calendar per program with all the dates of faith formation and Sacrement preparation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Medical Consent**

**Medical Matters**

I hereby warrant to the best of my knowledge, my child is in good heath, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes.

**Emergency Medical Treatment**

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, and you are unable to reach me, contact:

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Conditions Information (will be kept confidential):**

My son/daughter has: \_\_\_\_\_

- Has had an episode of the following or has been diagnosed with:  
 Seizures       Asthma       Diabetes
- Allergic reactions to the following :     Foods     Dyes     Latex     Other

- Has had a medical surgery within the last 6 months?     Yes     No
- Still under doctor's care?     Yes     No
- Has a medically prescribed diet? \_\_\_\_\_
- The following physical limitations:: \_\_\_\_\_
- Immunizations current and up to date:     Yes     No    Tetanus Date: \_\_\_\_\_
- You should also be aware of these special medical conditions of my child:

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself. I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Authorization to Pick up Student** – The following have permission to pick up my child/children:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell # \_\_\_\_\_