

**ST. MARY'S CATHOLIC CHURCH**  
**Faith Formation Registration 2018-2019**

Date Reg. Rec'd _____
Check # _____ Amt _____
Cash Amt _____
Date Pmt. Rec'd _____

DATE \_\_\_\_\_ Fee: \$30 for first child, \$10 ea. add'l child, \$50 maximum per family  Registered member of St. Mary's  Other \_\_\_\_\_

PARENT ONE \_\_\_\_\_ Religion \_\_\_\_\_ Cell # \_\_\_\_\_  
 Head of Household Last First

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Email \_\_\_\_\_

I am interested in helping our Faith Formation program and Parish community in the following way(s):  Nursery Volunteer  
 Hospitality/Greeter  Clean-Up  Room Parent  Catechist/Assistant  Office Help  Sacrament Formation

PARENT TWO \_\_\_\_\_ Religion \_\_\_\_\_ Cell # \_\_\_\_\_  
 Head of Household Last First

Mailing Address (if different from Parent One) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Email \_\_\_\_\_

I am interested in helping our Faith Formation program and Parish community in the following way(s):  Nursery Volunteer  
 Hospitality/Greeter  Clean-Up  Room Parent  Catechist/Assistant  Office Help  Sacrament Formation

---

**CHILD(REN) EMERGENCY CONTACT OTHER THAN PARENT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**AUTHORIZATION for EMERGENCY MEDICAL ATTENTION FOR CHILD(REN)**

I authorize the administration of emergency medical treatment for the subject of this release form. I understand that all reasonable safety precautions will be taken at all times by St. Mary's Catholic Church or its agents and will not hold them liable for any accident, injury or disease incurred by the subject of this form. I understand that, in the event medical intervention is needed, every attempt will be made to contact the parent or the person listed on this form immediately.

Print Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

---

**PICK UP AUTHORIZATION (FOR AGES 4-7 ONLY)**

Please list below those who are authorized by you to pick-up your child from class:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_
  2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_
  3. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_
  4. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_
-

**CHILDREN'S REGISTRATION AND MEDICAL INFORMATION**

---

Last Name                      First Name                      Middle Name                      Date of Birth                      Sex: M/F

Is child's last name different from head of household?    No       Yes

**Check correct box:**    **Baptized Catholic**    **Not Baptized**    **Baptized other Faith tradition** \_\_\_\_\_

**Check if received:**    **Reconciliation (Confession)**    **Confirmation**    **Eucharist (1<sup>st</sup> Communion)**

**Grade on 9/1/2018** \_\_\_\_\_

Asthma                                      Allergies/Drug Allergies                                      Routine Medications

Does this child have any medical conditions, physical disabilities or learning differences? Please indicate: \_\_\_\_\_

---

---

Last Name                      First Name                      Middle Name                      Date of Birth                      Sex: M/F

Is child's last name different from head of household?    No       Yes

**Check correct box:**    **Baptized Catholic**    **Not Baptized**    **Baptized other Faith tradition** \_\_\_\_\_

**Check if received:**    **Reconciliation (Confession)**    **Confirmation**    **Eucharist (1<sup>st</sup> Communion)**

**Grade on 9/1/2018** \_\_\_\_\_

Asthma                                      Allergies/Drug Allergies                                      Routine Medications

Does this child have any medical conditions, physical disabilities or learning differences? Please indicate: \_\_\_\_\_

---

---

Last Name                      First Name                      Middle Name                      Date of Birth                      Sex: M/F

Is child's last name different from head of household?    No       Yes

**Check correct box:**    **Baptized Catholic**    **Not Baptized**    **Baptized other Faith tradition** \_\_\_\_\_

**Check if received:**    **Reconciliation (Confession)**    **Confirmation**    **Eucharist (1<sup>st</sup> Communion)**

**Grade on 9/1/2018** \_\_\_\_\_

Asthma                                      Allergies/Drug Allergies                                      Routine Medications

Does this child have any medical conditions, physical disabilities or learning differences? Please indicate: \_\_\_\_\_

---