

ST. MARY'S CATHOLIC CHURCH
Faith Formation Registration 2020-2021

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-GRADE 6)

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 _____
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CHILDREN'S REGISTRATION AND MEDICAL INFORMATION

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

Please select a learning option: Traditional In-Class Homeschool w/Parish Provided Materials & Support

Check correct box: **Baptized Catholic** **Not Baptized** **Baptized other Faith tradition** _____

Check if received: **Reconciliation (Confession)** **Confirmation** **Eucharist (1st Communion)**

Grade on 9/1/2020 _____

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

Please select a learning option: Traditional In-Class Homeschool w/Parish Provided Materials & Support

Check correct box: **Baptized Catholic** **Not Baptized** **Baptized other Faith tradition** _____

Check if received: **Reconciliation (Confession)** **Confirmation** **Eucharist (1st Communion)**

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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

Please select a learning option: Traditional In-Class Homeschool w/Parish Provided Materials & Support

Check correct box: **Baptized Catholic** **Not Baptized** **Baptized other Faith tradition** _____

Check if received: **Reconciliation (Confession)** **Confirmation** **Eucharist (1st Communion)**

Grade on 9/1/2020 _____

Asthma Allergies/Drug Allergies Routine Medications

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