

All Saints Parish Faith Formation Registration Form 2018-2019

Father's and Mother's Name (w/ Maiden Name) _____

Mailing Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent Email Address _____

STAFF NOTES

Child's Name →			DOB / /	Grade
	<i>Baptism</i>	<i>1st Reconciliation</i>	<i>Confirmation</i>	<i>1st Eucharist</i>
Church →		(record below only the year of preparation)		
Town →				
State →				
mm/dd/yy →				

Child's Name →			DOB / /	Grade
	<i>Baptism</i>	<i>1st Reconciliation</i>	<i>Confirmation</i>	<i>1st Eucharist</i>
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Child's Name →			DOB / /	Grade
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Church →		(record below only the year of preparation)		
Town →				
State →				
mm/dd/yy →				

NOTE: Parents/Guardians are expected to drop off and pick up their children in the church/parish center. If an adult other than the Parent or Guardian is to pick up the children, please list on the back of this form the names of individuals authorized to do so.

PLEASE CIRCLE ANSWER

1. Is your family registered at All Saints Parish? Yes / No
2. Where will your children be attending Faith Formation: OLQP / St. Patrick / St. Mary / St. Charles / Homeschool
3. If that isn't where your family also attends Mass, please indicate which church: _____
4. Are you interested in volunteering within the Faith Formation Program? Yes / No
5. Do you give permission to have the child/children listed on this form photographed for various events throughout the year? Photographs will be used in promotional and informational material about Faith Formation at All Saints Parish only. Yes / No (signature below)
6. Is there anything the Faith Formation Director and your children's Catechists should be aware of concerning any Medical Conditions or Allergies (foods, pollens, chemicals, animals, other) of your children? Yes / No (if yes, please add details on other side)

If I, the parent, CANNOT be reached in case of an emergency, please notify:

Name _____ Relationship _____ Phone _____

Name of primary physician _____ Phone _____

I, _____, the undersigned, give my permission to have my Child/Children transported by ambulance to a medical facility in the event of illness, injury or other medical emergency. I also agree that he/she/they may, if needed, be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the Parish of all responsibility and consequences that may arise as the result of this treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

Signature of Parent or Legal Guardian (circle one)

Date

<p>MATERIALS FEE</p> <p><i>A waiver is offered to every family that has a member volunteering each week as a catechist, aide, or office volunteer.</i></p> <p><i>Any family unable to contribute is still more than welcome to participate!</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">1 child</td><td style="width: 50%;">\$25</td></tr> <tr><td>2 children</td><td>\$45</td></tr> <tr><td>3 children</td><td>\$60</td></tr> <tr><td>4+ children</td><td>\$70</td></tr> </table>	1 child	\$25	2 children	\$45	3 children	\$60	4+ children	\$70	<p>} + \$10 if child is in YR-2 Sacrament Prep</p>
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