

# Faith Formation Registration 2024-25

Kindergarten to 7<sup>th</sup> Grade

**Please return by: Sunday, September 8, 2024**

*Note: Please also complete for Confirmation. There is a separate registration form for Sacramental Preparation.*

*Program runs September 2024 - May 2025.*

If you have any questions or need further information, call the Parish Office at 637-4500, M-F – 9am-4pm.

Family Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
*(last name of custodial parent/s or guardian/s)*

Address \_\_\_\_\_  
 Street City Zip

Please check desired Faith Formation location:  Nativity BVM  St. Elizabeth Ann Seton

Family E-mail \_\_\_\_\_ Time of Mass usually attended \_\_\_\_\_  
*(for parish use only)*

Father's First /Last Name \_\_\_\_\_ Phone \_\_\_\_\_

Check if father at different address

Mother's First / Last Name \_\_\_\_\_ Phone \_\_\_\_\_

Check if mother at different address

Are both parents fully initiated in the Catholic Church? Yes  No

Check here if registering for the first time

For **NEW** students in 2<sup>nd</sup> Grade and above: Have they had previous religious instruction? Yes  No

If yes, where? \_\_\_\_\_ How many years? \_\_\_\_\_

Child's Name <i>(include last name if different from family name)</i>	Gender M/F	Date of Birth	Grade	School attending	Date of Baptism	Church of Baptism

Fee: \$35 for one child, \$60 for two children, family maximum of \$80.

**Make checks payable to Nativity BVM Church or St. Elizabeth Ann Seton Church**

*Fee is due by Parent Info Night: No one is ever excluded because they cannot pay.*

*We would be happy to make arrangements for your situation.*

**For Office Use Only**

Date:

Cash/Check#

Amt:

**PLEASE COMPLETE HEALTH FORM ON REVERSE SIDE**

**KINDERGARTEN – HIGH FAITH FORMATION CLASSES**

**HEALTH FORM**

ALL INFO IS REQUIRED—PLEASE FILL OUT COMPLETELY

Family Physician/Clinic \_\_\_\_\_ Phone Number \_\_\_\_\_

Health Insurance Co \_\_\_\_\_ Policy Number \_\_\_\_\_

In case of emergency, list someone other than parent who can be contacted if parent cannot be reached.

Name \_\_\_\_\_

Phone Number (work/ home) \_\_\_\_\_ (cell) \_\_\_\_\_

Other than parents, to whom may your child(ren) be released from Faith Formation classes?

Name	Phone	Relationship to child(ren)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there anyone to whom your child(ren) should NOT be released? \_\_\_\_\_

Health Information of Child(ren) *(for each child, list his/her last name if it differs from family name)*

Name	Name and relationship to child(ren)
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Name _____	Please list any special needs, allergies, medications: _____
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Name _____	Please list any special needs, allergies, medications: _____
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Name _____	Please list any special needs, allergies, medications: _____
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Name _____	Please list any special needs, allergies, medications: _____
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Name _____	Please list any special needs, allergies, medications: _____
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Please list any additional information we should know: \_\_\_\_\_

In signing this health form I hereby certify that the above information is correct and give permission for my child/children to be transported in privately owned vehicles, or ambulance, for medical and other emergency purposes only, and for the release of medical records to an attending physician in case of accident or illness.

In case of medical emergency, I understand that every effort will be made to contact the parent or guardian. In the event that I cannot be reached I hereby give permission to the physician selected to secure proper treatment for my child/children named herein.

I give permission to use photographs of my child/children in parish publications or on parish website. Yes  No   
*(names will NOT be published/posted)*

Signature of parent /guardian \_\_\_\_\_ Date \_\_\_\_\_

**\*Note about electronic signatures:** Each party agrees that an electronic signature has the same force and effect of a manual signature.

**I am interested in volunteering!** Area(s) of interest \_\_\_\_\_

Best way and time to contact me \_\_\_\_\_