



Faith Formation 2023 - 2024 Registration Form

St. Cyril Catholic Church 9205 SW 5th Street. Wilsonville, Oregon 97070

Tel: 503-682-2332 Email: re@stcyrilparish.org www.stcyrilparish.org

Student's Full Name _____ (Please print legibly)

Date of Birth (Month-Day-Year) _____ Age _____

Grade _____ School _____

Father's Full Name _____ Father's Phone # _____

Father's Email Address _____

Mother's Full Name _____ Mother's Phone # _____

Mother's Email Address _____

Home Address _____

Please complete the Emergency Information for Student on the reverse side of this form.

Materials Fee: \$50 for Faith Formation; Tuition assistance available.

Permission for Photograph of a Minor (under the age of 18):

I hereby give St. Cyril Parish permission to use photos. I understand that there will be no identifying information (name, age, etc.) about the minor accompanying the photograph or other printed material. I also waive any right to compensation for the use of photographs. Parent/Guardian (Print) _____

Signature _____ Date _____

Contact Suzanna D'Souza the Faith Formation Coordinator at re@stcyrilparish.org for more information.

OFFICE USE ONLY:

Payment Rcvd by: Date _____ Amount \$ _____ Cash ☐ / Check# _____ By _____

Emergency Information Form

Student's Name: _____

Student lives with: _____

Family Physician: _____ Phone: _____

Medical Insurance Name: _____

Policy #: _____ Group or identification Number: _____

Allergies (food, drugs, insects, etc.): _____

Is the student currently on any medication?

☐

Yes

☐

No

If yes, please state:

Name(s): _____ Dosage: _____

Reason for medication: _____

Please Note: Any injuries, recent surgery, prolonged illness, current medication, corrective lenses, special health problem or other issues requiring special attention that would help emergency personnel to provide appropriate care for your child: _____

Persons to Notify in Case of an Emergency:

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Please read the following statement and sign below:

I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese assume no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Signature (parent/guardian) _____

Date _____