



FAITH FORMATION REGISTRATION

PreK-Grade 6

I. General Information:

Family Name: _____ Legal Guardian's Name: _____ Date: _____

Address: _____

Email Address: _____ Cell #1: _____ Cell #2: _____

Home/Mailing Address: _____

Street

City

State

Zip Code

II. Student Information

Student Names	Grade in School	School Attending	List Sacraments Needed

III. Fee Information (If this is a burden to your family, please speak with Katie Comerford, DRE).

☐ A One Child--\$25.00

☐ B Two Children--\$30.00

☐ C Family--\$35.00

IV. Volunteer Opportunities

Are you able to assist with helping to check the children's memory of their grade level prayers? _____

Name: _____ Phone: _____

Would you be able to assist in other areas of need as they arise? _____

Name: _____ Phone: _____

Permission to pick up: The following individuals are allowed to pick up from Faith Formation Classes

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PLEASE COMPLETE THE OTHER SIDE OF THIS FORM

OFFICE USE ONLY

DATE REGISTERED: _____ DATE PAID: _____

AMOUNT PAID: _____ CASH: _____ or CHECK #: _____

EMERGENCY INFORMATION AND PERMISSION TO TREAT

V. EMERGENCY CONTACTS (Please list at least one)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

VI. MEDICAL CONDITIONS

Child's Name: _____ Condition(s): _____

Child's Name: _____ Condition(s): _____

Child's Name: _____ Condition(s): _____

Doctor for emergency: _____ Phone: _____

In case of accident or illness, I request that the representative of the parish Faith Formation program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, I authorize the representative of the Faith Formation program to obtain medical treatment and/or medication deemed necessary. I hereby consent to, and authorize the necessary procedures that have been stated above.

Parent/Guardian Signature: _____ Date: _____

VII. PHOTO/VIDEO/MEDIA RELEASE

I hereby give permission for my child/ren _____ to be photographed or videotaped during parish/youth activities during the school year of 2020-2021. I realize that the photo may be published in the newspaper, a magazine, other publication or website. The photo or video may be used for informational or educational purposes regarding the programs at St. Charles Borromeo parish.

Signed: _____ Date: _____

-or-

I DO NOT give permission by my child/ren _____ to be photographed or videotaped during parish/youth activities during the school year 2020-2021.

Signed: _____ Date: _____

Please sign up for Flocknote if you have not done so; this is how you will be notified in the event of a cancelation.

Would you like us to sign you up? **YES NO -or-**

Text: stcharlesperu to 84576 **-or-**

Visit: flocknote.com/stcharlesperu