

Parish of the Precious Blood Faith Formation (K-12) Registration Form

NAME OF WORSHIP SITE:

Family (Last) Name:

Date:

Parent(s) (Guardian's) Mailing Name:

Physical Address:

Town:

Mailing Address:

Town:

Home Phone:

Email:

Father's First Name:

Father's Religion:

Mother's First Name:

Maiden Name:

Mother's Religion:

Mother's Cell Phone:

Mother's Work Phone:

Father's Cell Phone:

Father's Work Phone:

Number of Children in the home:

Number of adults in the home:

Emergency Contact:

Emergency Phone:

I, _____ hereby give authorization to the faith formation staff to obtain treatment for my child in case of sudden illness or accident. Date:

I hereby grant permission for my child to be photographed and /or videotaped during Faith Formation activities and events. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published for the purpose of promoting Faith Formation programs at THE PARISH OF THE PRECIOUS BLOOD.

Date:

NAME (please print)

Signature

Registration Fee: \$30.00 per child - Maximum family fee: \$60.00

No child will be turned away because of inability to pay the fee. See your Site Coordinator for more info.

Use other side for additional children.

If you are not registered at your church, please ask for a registration form today.

REV: 9/1/2020

FIRST CHILD

Last Name				First Name				Date of Birth			
School				Grade Entering		Male	Female	Rel. Ed. Grade			
Baptism	Yes	No	First Penance	Yes	No	Confirmation	Yes	No	First Communion	Yes	No
Baptized at				(Name of Church)				(City/State)			

COMMENTS/SPECIAL NEEDS/ALLERGIES

SECOND CHILD

Last Name				First Name				Date of Birth			
School				Grade Entering		Male	Female	Rel. Ed. Grade			
Baptism	Yes	No	First Penance	Yes	No	Confirmation	Yes	No	First Communion	Yes	No
Baptized at				(Name of Church)				(City/State)			

COMMENTS/SPECIAL NEEDS/ALLERGIES

THIRD CHILD

Last Name				First Name				Date of Birth			
School				Grade Entering		Male	Female	Rel. Ed. Grade			
Baptism	Yes	No	First Penance	Yes	No	Confirmation	Yes	No	First Communion	Yes	No
Baptized at				(Name of Church)				(City/State)			

COMMENTS/SPECIAL NEEDS/ALLERGIES

FOURTH CHILD

Last Name				First Name				Date of Birth			
School				Grade Entering		Male	Female	Rel. Ed. Grade			
Baptism	Yes	No	First Penance	Yes	No	Confirmation	Yes	No	First Communion	Yes	No
Baptized at				(Name of Church)				(City/State)			

COMMENTS/SPECIAL NEEDS/ALLERGIES