



For Office Use Only

Database _____

Paid _____

Student(s) Last Name _____ **Parent(s)/Guardian responsible for Faith Formation** _____

[illegible]

Parent/Guardian First/Last Name	Relationship to Student(s)	E-mail Address (If not the same as above)	Cell #	Home #

Should Faith Formation emails be sent to an additional email address other than above? If yes, please provide: _____

[illegible]

Specific Information for Medical Conditions, Allergies or Special Needs (please contact the program coordinator(s) if there is any information about your child/teen that would be helpful for them to know)

Child: _____ **Allergies/Medical Conditions:** _____

Child: _____ **Allergies/Medical Conditions:** _____

Child: _____ **Allergies/Medical Conditions:** _____

Child: _____ **Allergies/Medical Conditions:** _____

Sacrament Preparation Information

Please check the Sacrament(s) that you are preparing for:

<input type="checkbox"/> 1 st Reconciliation	<input type="checkbox"/> 1 st Communion (Grades 2-5)
<input type="checkbox"/> Confirmation (Grades 8-12)	

Requirements:

1st Reconciliation and 1st Communion - In order to enroll, your child must be Baptized, be at least in **2nd Grade** and have attended at least **one full year** of faith formation.

Confirmation – In order to enroll, the teen must have celebrated the Sacraments of Baptism, Reconciliation, and 1st Eucharist. In addition, teens must have one full year of faith formation since celebrating 1st Communion, must complete Confirmation sessions during the year and have regular attendance at Middle School or High School youth group on Sunday evenings, in addition to regular Mass attendance.

If your child was baptized in a church other than Divine Savior, a copy of their baptism certificate will be required. If your child has not been baptized, please contact Jen Shaver at jennifer@divinesavior.com.

For a child/teen to begin Sacrament Prep, all legal parent(s) or guardian(s) should give consent by signing this document.

Signature of parent/guardian: _____ Date: _____

Signature of parent/guardian:_____ Date:_____

Emergency Contact Information, Authorization to treat & Photo/Video Release (Please read and sign)

Emergency Contact – If parent/guardian is not available, please contact: _____ **relationship:** _____

Phone #1: _____ Phone #2 _____

Authorization to treat a minor (s)

In the event of an accident or an emergency, when a parent/guardian is unavailable, I hereby give permission to Divine Savior Parish and their employees, representatives and adult volunteers, to arrange for and authorized emergency treatment for my child, as considered necessary by the attending physician or by a licensed and qualified medical professional. I wish to be advised prior to any further treatment by the hospital or doctor. I (we) the undersigned parent/guardian fully understand my (our) responsibility to pay all costs incurred as a result of the foregoing.

_____ I do not choose the above statement and desire the following action to be taken: _____

Photo/Video release:

I hereby grant permission for my child(ren) to be photographed and/or videoed during Faith Formation. I further grant permission for the resulting photographs and/or video footage to be edited, if necessary, and that they may appear in the weekly bulletin, parish website or social media for the purpose of promoting the Faith Formation programs at Divine Savior Catholic Church. My child(ren)'s names will not be published in conjunction with any photo and/or video.

Accept: _____ **Decline:** _____

Signature of parent/guardian: _____ Date: _____