**FAITH FORMATION REGISTRATION 2022-2023**

**St. Brendan the Navigator Parish**

**7 Union Street Camden, Maine 04843 207-236-4785**

Church Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Last) (First) (Middle)

Date of birth\_\_\_\_\_\_\_\_ Place of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_Grade\_\_\_\_\_\_

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Religion \_\_\_\_\_\_\_ Marital Status \_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip \_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_(C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion \_\_\_\_\_\_\_ Marital Status \_\_\_\_\_\_

Maiden\_\_\_\_\_\_\_\_\_\_\_ Mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip \_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If divorced, which parent receives information? \_\_Mother \_\_ Father \_\_Both

Church of Baptism\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_­­­­\_\_\_

If your child was not baptized at St. Brendan the Navigator Parish, please furnish us with a copy of their Baptism Certificate along with this registration form. Has he/she made First Communion? \_\_\_\_\_\_\_\_\_\_\_

If YES, in what parish and date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has he/she been confirmed? \_\_\_\_\_\_

If YES, in what parish and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the family registered in St. Brendan the Navigator Parish? \_\_\_\_\_\_\_\_\_\_\_\_\_

If not, please take a minute to register [here](https://stbrendanparish.net/).

Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check which formation program you wish to attend.**

Family Faith Formation:

First Tuesday evening in Rockland \_\_\_\_\_\_\_

First Sunday in Belfast \_\_\_\_\_\_\_\_

Junior High Youth Ministry \_\_\_\_\_\_\_\_ High School Youth Ministry \_\_\_\_\_\_\_\_

Virtual learning \_\_\_\_\_\_\_\_

Program fee for K - 5 $35; Junior and High School Youth Groups (Grades 6-12) $30.00. There will be a family limit of $90.00 for the Program fee. No child will be refused entrance for lack of payment. Please return this completed form with fee to Christine Fee at above address. Checks may be made payable to St. Brendan the Navigator Parish with Faith Formation in the memo.

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Circle of Grace is part of the safe environment training program of the diocese of Portland. It is a curriculum that offers different lessons for each grade level. If your children attended circle of grace in the past, it is expected that they will continue to attend as it is likely to be a different lesson. Do you give permission for your child(ren) to attend circle of grace as part of the regular faith formation program? \_\_\_\_\_\_YES \_\_\_\_\_\_NO

If NO, please download the parent [Opt-out Form](https://portlanddiocese-my.sharepoint.com/personal/christine_fee_portlanddiocese_org/Documents/Desktop/Parent%20Opt-out%20form.pdf) and return to Christine Fee.

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Media Permissions to share some of the good things going on in Faith Formation. We may use printed materials, including posters, bulletins, newsletters, and digital images that may be used in videos on the St. Brendan Parish website, parent faith formation newsletter or the Diocese of Portland website. We ask for parental permission and if the full names of children are to be used, parents will be contacted for additional permission. I give my permission to display or publish my child(ren)'s images as described above and for my child(ren) to participate in virtual learning in faith formation settings provided as part of the parish programming.

 \_\_\_\_\_\_Yes \_\_\_\_\_No Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The more volunteers we have, the more efficiently and smoothly our program will run. We depend greatly on volunteers from the parish to help us in many ways with our programs. We welcome any age! Would you like to be contacted about volunteering with our program? \_\_\_\_\_YES \_\_\_\_ NO

**Medical Information**

**Medical Information**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_the undersigned parent or legal guardian give my permission to have my son / daughter transported by ambulance to a medical facility in the event of illness, injury or other medical emergency. I also agree that she/he may, if needed be evaluated, diagnosed, treated, and or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the parish of Saint Brendan the Navigator of all responsibility and consequences that may arise because of this treatment. Further, I agree to accept all financial responsibility as a result of scheduling such treatment. My son/daughter is allergic to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

You should be aware of these medical conditions of my son/daughter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My son/daughter takes the following medications: (Indicate dosage and frequency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of primary physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last tetanus booster­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_