

St. Columba Faith Formation Registration Form

Address	City	State	Zip code
Home Phone:	Email:		
Cell Phone: (Primary)	Cell Phone: (Secondary)		
Emergency Contact (Not Parents): N	ame	Phone	
CONFIRMATION: This a two-year	process which begins either in 9 th or 10	0 th grade.	
	IUNION: For children beginning 2 nd Groce school. Children in 3 rd grade or above		
Student #1 Name:	Date of Birth:	Sc	hool:
	Previous Faith Formation Yo liation/1st Communion: Yes No	ear: F	Parish:
Enroll student in Confirmation	on: Yes No		
Sacraments Received: Baptism I	in the Catholic Church? Reconciliat	tion Commun	nion Confirmation
Pate of Baptism:	Parish/ Church:		
ddress:		Copy of co	ertificate included
Student #2 Name:	Date of Birth:	Sc	hool:
	Previous Faith Formation Yeliation/1st Communion: Yes No	ear: F	Parish:
Enroll student in Confirmation	on: Yes No		
	In the Catholic Church? Reconciliat _ Parish/ Church:		
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Student #3 Name:	Date of Birth:	Sc	hool:
Grade: Allergies	Previous Faith Formation Yeliation/1st Communion: Yes No		
Enroll student in Confirmation	on: Yes No		
acraments Received: Baptism I	in the Catholic Church? Reconciliat	tion Commur	nion Confirmation
Pate of Baptism:	Parish/ Church:		
.ddress:		Copy of ce	ertificate included
	OFFICE USE ONLY		
Parish Family #	_ Ministry Acknowledgment: CM	YM	HM



St. Columba Faith Formation Parental Consent/Medical Release Form

Children are not allowed to be admitted to classes/events unless a completed Parental Consent form and a Medical Release form are on file. I understand that I am required to read the policies and rules listed in the Handbook on the parish website. By enrolling the children of my family/guardianship in the St. Columba Catholic Church Faith Formation and Youth Ministry Programs for the 2023-2024 year, which is from August 27, 2023 - September 1, 2024, I consent to abide by the policies stated in the handbook. I understand that failure to comply with this policy could bring about disciplinary actions including, in extreme cases, dismissal of my child from the faith formation program. I understand that I am responsible for sharing the rules, regulations, and other valuable information in this handbook with my child. I permit my child to participate in all activities offered on St. Columba grounds during normal Faith Formation & Youth Ministry times throughout August 27, 2023- September 1, 2024.

As a parent and/or quardian, I do herewith authorize the treatment, by a qualified and license medical doctor, of the following minor(s) in the event of a medical emergency which, in the opinion of the attending physicians, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release will be in effect from August 27, 2023- September 1, 2024. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. Parent or legal guardian signature Date Please circle & initial the methods listed below that you approve for the use of images and pictures of your student that may be used at St. Columba according to the policies of the Archdiocese of Mobile. Bulletin Boards The Catholic Week Facebook (closed group) Church Bulletin ____ Parish Website ____ Instagram_____ **Registration Fees** Please make checks payable to **St. Columba Church**

Registration Fee: Paid____ Cash__ Check__ Other___ Other___ Please make checks payable to St. Columba Church \$25 per Student/Adult – Grades K5-12 An Additional \$25 per Student registered for First Communion or Confirmation (Total of \$50 per student in First Communion or Confirmation) *Payment due at the beginning of 2023 -2024 Academic Year

 OFFICE USE ONLY

 Parish Family #______ Ministry Acknowledgment: CM ______ YM______ HM_______