

**OFFICE OF FAITH FORMATION**  
**REGISTRATION FORM 2018-2019**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City & Zip Code

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Full Time School Entering in September \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Has your child previously attended Faith Formation? \_\_\_\_\_ Yes \_\_\_\_\_ No  
How many years of instruction? \_\_\_\_\_ Where? \_\_\_\_\_

**FAMILY INFORMATION:**

Father \_\_\_\_\_ Mother \_\_\_\_\_  
Last First Maiden First

Father's Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Mother's Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Is your family registered in the parish? \_\_\_\_\_ Yes \_\_\_\_\_ No Envelope # \_\_\_\_\_  
If NO, where are you registered? \_\_\_\_\_

Father's Religion \_\_\_\_\_ Mother's Religion \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_  
Is there any health/educational information you would like to share with us about your child?

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Registration Fee: 1 – child \_\_\_\_\_ 2 – or more children \_\_\_\_\_  
\$25 \$50

\_\_\_\_\_ I give permission for my child to be photographed and/or videotaped during ministry activities and events. I understand 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 to be published and/or videotape for the purpose of promoting ministry and/or youth programs at St. Joseph.

Name (please print) \_\_\_\_\_  
(Signature) \_\_\_\_\_

\_\_\_\_\_ I do not give permission for my child to be photographed and/or videotaped under any circumstances.

Name (please print) \_\_\_\_\_

(Signature) \_\_\_\_\_

**EMERGENCY INFORMATION:**

In case of a serious accident or serious illness, I request Faith Formation to contact me. I hereby authorize the Faith Formation to call the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician, Faith Formation may make the appropriate arrangements for the care of my child.

Signature of parent or guardian \_\_\_\_\_

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Office Phone (\_\_\_\_\_) \_\_\_\_\_ Home/Exchange (\_\_\_\_\_) \_\_\_\_\_

Hospital \_\_\_\_\_

Name two relatives or neighbors who will assume temporary care of your child if you can't be reached.

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Do any of your children receive any Special Services at their school or after hours? \_\_\_\_ Yes \_\_\_\_ No

Explain:

Child \_\_\_\_\_

Child \_\_\_\_\_

PLEASE NOTE THAT MY CHILD HAS SPECIAL MEDICAL NEEDS OR MEDICATIONS:

Please list: \_\_\_\_\_

**ADULT VOLUNTEER OPPORTUNITIES:**

I would like to be a Catechist \_\_\_\_\_ or a Co-Catechist \_\_\_\_\_

Please contact me: Name \_\_\_\_\_