

OFFICE OF FAITH FORMATION
REGISTRATION FORM 2019-2020

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?

Place and Date of Birth _____

Place of Baptism _____

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 _____