

FAITH FORMATION REGISTRATION


2019/2020

Parent/Guardian Name(s): _____

Street: _____ City: _____

Zip: _____ Parish Member? Circle One Yes or No Email _____

Mom's Cell: _____ Dad's Cell: _____

Do you use the Basilica's My Parish App? Yes or No-  If yes, please join the group "Faith Formation" to receive emergency updates, weather cancellations, special events, etc.

Child(ren) lives with: Both Parents Mother Father Guardian Grandparents

Student #1

Name: _____ Date of Birth: _____ Age: _____
First, Middle, Last

My child has received these sacraments:

Baptism: Yes No **First Reconciliation:** Yes No **First Communion:** Yes No **Confirmation:** Yes No
(Circle One) (Circle One) (Circle One) (Circle One)

Place of Baptism

Church: _____ **City/State:** _____ **Country:** _____
Please provide a copy of your child's Baptism Certificate If outside U.S.

School Attending (2019-2020): _____ **Grade:** _____

Any pertinent Medical information/Allergies or conditions:

Student #2

Name: _____ Date of Birth: _____ Age: _____
First, Middle, Last

My child has received these sacraments:

Baptism: Yes No **First Reconciliation:** Yes No **First Communion:** Yes No **Confirmation:** Yes No
(Circle One) (Circle One) (Circle One) (Circle One)

Place of Baptism

Church: _____ **City/State:** _____ **Country:** _____
Please provide a copy of your child's Baptism Certificate If outside U.S.

School Attending (2019-2020): _____ **Grade:** _____

Any special needs, medical information/allergies or conditions:

PLEASE SEE REVERSE SIDE



Student #3

Name: _____ Date of Birth: _____ Age: _____
First, Middle, Last

My child **has received** these sacraments:

Baptism: Yes No **First Reconciliation:** Yes No **First Communion:** Yes No **Confirmation:** Yes No
Circle One Circle One Circle One Circle One

Place of Baptism

Church: _____ **City/State:** _____ **Country:** _____

Please provide a copy of your child's Baptism Certificate

If outside U.S.

School Attending (2019-2020): _____ **Grade:** _____

Any pertinent Medical information/Allergies or conditions:

Emergency Contact Information

Permission to Treat: As a parent or legal guardian, I authorize the treatment of my minor child(ren) by a Doctor in the event of a medical emergency. This consent is granted only after a reasonable effort has been made to reach me.

Persons Authorized to care for child in the event parent cannot be reached. (Please place in order of contact desired):

1st Contact Name: _____ Phone: _____

2nd Contact Name: _____ Phone: _____

3rd Contact Name: _____ Phone: _____

Please note that for the safety of our students all individuals picking up a student must be on the contact list and may be required to show some form of identification.

PHOTOGRAPHY - WAIVER, AND RELEASE

From time to time the parish will use photos from Faith Formation for various parish publications or the parish website. I grant permission to publish my child/ren photograph in Parish publications. No names or personal information will ever be posted. The full photo release form is available online at basilicaofsaintpaul.org under forms. I understand that unless sent in writing I agree to the photo release.

PLEASE SIGN BELOW



Parent/ Guardian Signature

Date

TUITION: 1 child: \$35 2 children: \$60 3 children: \$75

If the fee is a hardship, please speak w/ Mrs. Smith. No child is turned away.

office use:

Reg _____

Paid _____

SP: _____