

# St Patrick Church

## Faith Formation Registration

47 W High St, East Hampton, CT 06424

**Term:** 2019-2020

### FAMILY INFORMATION

**Family Last Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Father's Cell / Work: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Mother's Cell / Work: \_\_\_\_\_  
Mother's Maiden: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_  
Home Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
City, ST Postal: \_\_\_\_\_ Both Parents Catholic? Yes / No

### STUDENT #1 INFORMATION

**Child Name:** \_\_\_\_\_ **Catholic?** Yes / No

#### Parent /Guardian Authorization

My child, \_\_\_\_\_ has my permission to participate in Saint Patrick Church Faith Formation classes and activities. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Patrick Church, its officers, directors, employees and agents, and the Diocese of Norwich, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the Faith Formation program or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Norwich, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish or the Diocese of Norwich.

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. No medication of any type, whether prescription or non-prescription, will be administered to any child by any representative of St. Patrick Church.

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Tuition DUE:** \$ \_\_\_\_\_ **Tuition PAID:** \$ \_\_\_\_\_ **Signature:** \_\_\_\_\_

# 2019-2020 Class Selections

Grades 1-5

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Grades 1-3 Thursdays 4:15 - 5 or 6 - 6:45

Grades 4&5 Tuesdays 4:30 - 5:30

(Please circle your choice of time)

## Session 1

Grades 6-8

Name: \_\_\_\_\_

Creed - Monday 5-6

Mary - Thursday 6:45 -7:45

Prayer & Liturgy- Monday 6:15 - 7:15

Saints- Thursday 6:45 - 7:45

## Session 2

Grades 6-8

Name: \_\_\_\_\_

Jesus Christ - Monday 5-6

Saints - Monday 6:15 - 7:15

Prayer & Liturgy - Tuesday 6:30 - 7:30

Sacraments - Thursday 6:45 -7:45

## Session 3

Grades 6-8

Name: \_\_\_\_\_

Discipleship - Monday 5-6

Sacraments - Monday 6:15 -7:15

Mary - Tuesday 6:30 - 7:30

Creed - Thursday 6:45 - 7:45

## Confirmation 1 and 2

Name: \_\_\_\_\_

Year 1 - 9:30 - 10:30 class and the 10:30 Mass

Year 2 - the 10:30 Mass and 11:30 - 12:30 class

(Please circle the appropriate class)