

St. Elizabeth Ann Seton Catholic Church
Children's Faith Formation Registration Form 2023-2024

PLEASE REGISTER EACH YEAR TO UPDATE YOUR FAMILY RECORDS



Date: _____

FAMILY NAME: _____/Child if different from family name: _____

Address: _____ E-Mail: _____

Father: _____ City _____ Zip _____ Religion: _____ Cell: _____ Home Phone: _____

Mother _____ Religion: _____ Cell: _____

SESSION TIMES: Grades K – 8 will meet Sunday mornings from 10:15 to 11:15 a.m.

Sacrament of Confirmation Preparation Sessions for High School Youth TBA

Grades 9-12 (Youth Ministry) will meet Sunday evenings from 6:00-7:30 p.m.

Registration: Parishioners \$50.00 per child/cap of \$100.00

IF YOUR CHILD WAS NOT BAPTIZED AT ST. ELIZABETH ANN SETON CHURCH IT IS NECESSARY TO PROVIDE A COPY OF THEIR BAPTISMAL CERTIFICATE

Please fill out for each child.

NAME	M F	DOB	CHURCH OF BAPTISM	SACRAMENTS RECEIVED	2023/2024 GRADE PUBLIC SCHOOL	Last Grade & Year Faith Formation Attended GRADE YEAR	FF Level 2023-24 (<u>Office use</u>)
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						/	
						/	
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FIRST RECONCILIATION AND FIRST HOLY COMMUNION PREPARATION:

Parents of children who are preparing to receive these sacraments are asked to attend a parent meeting for each sacrament.

CONFIRMATION PREPARATION:

Parents of teens in Confirmation grades are asked to attend a parent session and certain sessions with your teen.

**** PLEASE COMPLETE BACK OF THIS FORM ****

HEALTH /SAFETY NEEDS:

Please list any special health, safety or educational considerations: food allergies, medication, history of seizures, allergies, IEP/ learning needs.

NAME OF CHILD

CONSIDERATIONS

EMERGENCY INFORMATION:

EMERGENCY CONTACT: (Other Than Parent/Guardian): Name: _____ Phone #: _____ Relationship: _____

MEDICAL INFORMATION/RELEASE:

As parent/guardian, I certify that the registered children on the reverse of this form have health/accidental/medical insurance coverage as follows:

Name of Company: _____ Policy #: _____

ST. ELIZABETH ANN SETON CHURCH AND THE DIOCESE OF RALEIGH ARE NOT RESPONSIBLE BEYOND THE LIMITS OF YOUR COVERAGE.

As parent/guardian, I certify that I understand if my children have no health/accident/medical insurance coverage, my signature on this form assures the church that I will be responsible for the payment in full of all expenses which may occur due to illness or injury relative to any Faith Formation activity in which my children participate. As parent/guardian, I give my permission to the Adult Advisors or their designees to request usual and customary medical/safety services for my children if needed at any Faith Formation activity in which my children participate with the understanding that I will cover all such emergency costs not covered by my insurance.

PHOTO/VIDEO PERMISSION: Please initial the following:

_____ As parent/guardian, I understand that **I need to notify the Faith Formation Office in writing that I DO NOT WANT PICTURES /VIDEOS (individual or group) of my child taken during sessions or parish events throughout their enrollment in SEAS Faith Formation/parish activities.** If this request is not presented in writing to the Office of Faith Formation – pictures of my child may *be used* for parish activities and publications.

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

Please take part in the following questions for our Parish to assist you:

_____ I am interested in Adult Faith Formation.

_____ I am interested in helping with the Religious Education Program.

OFFICE USE ONLY: DATE PD: _____ TUITION: \$ _____ ONLINE _____ CASH _____ CK#: _____ #ATTENDING: _____