

Epiphany of Our Lord Family Faith Formation Registration 2018-2019

FEE: 1 child: \$45 2 children: \$65 3 children: \$85 4+ children: \$95 (Payment due at time of registration)

Paid by: check # _____ \$ _____ cash \$ _____ Received by _____

Father: (first) _____ (Last) _____

Mother: (first) _____ (Last) _____

Marital Status (circle) Single Married Divorced Separated Widowed Other _____

Email: Please Print clearly: _____

Address Street _____ City _____ zip _____

Phone (Home) _____ (Mom's cell) _____ (Dad's cell) _____

How would you like to be notified? ___ Email ___ Text ___ phone call

If your child resides at two addresses please provide additional below:

Address Street _____ City _____ zip _____

Phone (H) _____ (W) _____ (C) _____

How would you like to be notified? ___ Email ___ Text ___ phone call

Parish you belong to: ___ Epiphany ___ Other , Where? _____

1. Child's name _____ Gender M or F (circle one) Place of Baptism _____

Birth Date ___/___/___ Age today: _____ Grade: _____ School _____ completed Rel. Ed grades _____

Does your child have and/or require any special needs? Ex: Dietary needs, allergies, ADD, ADHD, Dyslexia, learning disability, illness, sickness etc.? _____ (add more info to the back as needed) (This information will be kept confidential)

2. Child's name _____ Gender M or F (circle one) Place of Baptism _____

Birth Date ___/___/___ Age today: _____ Grade: _____ School _____ completed Rel. Ed grades _____

Does your child have and/or require any special needs? Ex: Dietary needs, allergies, ADD, ADHD, Dyslexia, learning disability, illness, sickness etc.? _____ (add more info to the back as needed) (This information will be kept confidential)

3. Child's name _____ Gender M or F (circle one) Place of Baptism _____

Birth Date ___/___/___ Age today: _____ Grade: _____ School _____ completed Rel. Ed grades _____

Does your child have and/or require any special needs? Ex: Dietary needs, allergies, ADD, ADHD, Dyslexia, learning disability, illness, sickness etc.? _____ (add more info to the back as needed) (This information will be kept confidential)

Emergency or Alternate Contact(s): _____

Phone _____ Relationship to student _____ Also attending FF? _____

Additional Children:

4. Child's name _____ Gender M or F (circle one) Place of Baptism _____

Birth Date ___/___/___ Age today: _____ Grade: _____ School _____ completed Rel. Ed grades _____

Does your child have and/or require any special needs? Ex: Dietary needs, allergies, ADD, ADHD, Dyslexia, learning disability, illness, sickness etc.? _____ (add more info to the back as needed) (This information will be kept confidential)

5. Child's name _____ Gender M or F (circle one) Place of Baptism _____

Birth Date ___/___/___ Age today: _____ Grade: _____ School _____ completed Rel. Ed grades _____

Does your child have and/or require any special needs? Ex: Dietary needs, allergies, ADD, ADHD, Dyslexia, learning disability, illness, sickness etc.? _____ (add more info to the back as needed) (This information will be kept confidential)

I (We), _____ and/or _____ give permission for
(parent's name printed) (other parent's name printed)

my (our) child (children) listed above, to participate in the Epiphany Family Faith Formation Program for the school year 2018- 2019 including classes, Community Meetings, Rosary Musicals, Youth Group events, Catechesis of the Good Shepherd classes and/ or art classes

If needed for health reasons, I give permission for my child to receive standard medical care by appropriate Health care personnel. I give permission to Epiphany and its agents to share and disclose medical information to those who are responsible for the treatment and care of my child. I release Epiphany and its agents of all responsibility and consequences that may arise as a result of any injury suffered and resulting treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

My child agrees to abide by all rules and regulations stated by Epiphany Faith Formation Staff. I understand Epiphany will not be liable if my child fails to cooperate with regulations and that any infraction of the rules may result in immediate dismissal from the Epiphany Faith Formation Program.

I authorize Epiphany of Our Lord Parish Community to tastefully use photographs, video, and audio media produced during the this year of my child and by my child for promotion, contests and in an effort to spread the Gospel. This may include printed and/or digital material posted on the internet, radio, or sold.

X _____
Signature of Parent/Guardian Date

X _____
Signature of Parent/Guardian Date

