

HOLY FAMILY CATHOLIC FAITH FORMATION

129 W. Daisy Lane, New Albany, IN 47150

Registration Form

Student's Name \_\_\_\_\_
Address \_\_\_\_\_
City/State/Zip \_\_\_\_\_
Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School Attending \_\_\_\_\_
Guardian's Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_
Guardian's e-mail address \_\_\_\_\_

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PLEASE CHECK THE FOLLOWING SACRAMENTS YOUR CHILD HAS RECEIVED:

Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ Holy Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

\*If your child was baptized at a parish other than Holy Family we will need a copy of their Baptismal certificate.

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MEDICAL RELEASE FORM

Medical and Emergency Information:

Family physician \_\_\_\_\_ Phone \_\_\_\_\_
Medications \_\_\_\_\_ Allergies \_\_\_\_\_
Special Instructions \_\_\_\_\_

In case of emergency call

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_
SPECIAL PICK UP ARRANGEMENTS \_\_\_\_\_
SPECIAL NEEDS or DIETARY RESTRICTIONS \_\_\_\_\_

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THE AUTHORIZATION BELOW MUST BE COMPLETED.

MEDICAL RELEASE AND LIABILITY WAIVER:

As a parent or guardian of the above named minor, I hereby release the Archdiocese of Indianapolis, Holy Family Parish, Holy Family Staff and volunteer leaders from any claim, loss, cost, damage, or expense arising out of any accident or other occurrence causing injury to any person or property during any Catholic Faith Formation activity. I hereby authorize adults representing Holy Family Parish as my agents, to consent in case of medical emergency to any examinations, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable by a qualified physician or local hospital. An authorized parish adult agrees to contact the undersigned as soon as possible if an emergency should arise. I will assume responsibility for fees incurred by such an emergency. In addition, I certify that the above information is correct and give permission for the release of medical records to the attending physician. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs.

PERMISSION TO USE PHOTOGRAPHS OF YOUTH:

As a parent or guardian of the above named minor, I hereby give permission for photographs taken during CFF events to be published (website, bulletin board, bulletin, newspaper, etc) to promote the Holy Family Parish CFF program. (If you do not wish to have your child's photographs published, please write "DENIED" across this paragraph.)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

The class fee for this year is \$50.00 per child. This fee should be included with the registration form. Payment plans and/or tuition assistance is available upon request by calling Theresa Shaw at 944-8283, x2. Please do not let the fee be the reason your child (ren) does not attend class.

(Make checks payable to: Holy Family)