

Sacramental Registration Form 2019-2020  
Holy Name of Jesus Catholic Church

Sacraments needed:      Baptism              First Communion                              Continuing Education

Year 1 (no previous instruction)      Year 2 (attended classes last year)      Special Needs

Child's Last Name \_\_\_\_\_

Child's First Name \_\_\_\_\_

Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home# \_\_\_\_\_ Mom's cell# \_\_\_\_\_ Dad's cell# \_\_\_\_\_

Child's date of birth \_\_\_\_\_ Age \_\_\_\_\_

School child attends \_\_\_\_\_ Grade \_\_\_\_\_

Has child been baptized?  Yes      No             Received First Communion?  Yes              No

Provide name of church, address and date of baptism. \_\_\_\_\_

Father's first & last name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's name \_\_\_\_\_ Maiden name \_\_\_\_\_ Religion \_\_\_\_\_

Who has primary custody of the child?      Both Parents      Mother      Father      Other

Is your family registered at Holy Name?      Yes                      No             Envelope # \_\_\_\_\_

Do you receive and use offertory envelopes?      Yes              No

If not registered at Holy Name church, provide the name of your parish \_\_\_\_\_

Mass attendance is:      Seldom              Frequently              Weekly

Did your child attend religious education classes at Holy Name in 2018-2019      Yes              No

Did your child attend Religious Summer Camp 2019 at Holy Name?      Yes              No

Did your child attend religious education classes at another parish in 2018-2019      Yes              No

Does your child prefer classes in English or Spanish? \_\_\_\_\_

**If your child attended classes at another church you must provide the name, location of the parish and a letter from that parish stating so.**

Fee is due upon registration. Payment provided? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount Paid \_\_\_\_\_

Check one of the following: paid by cash \_\_\_\_\_ paid by check \_\_\_\_\_ check # \_\_\_\_\_

**OVER PLEASE**

Explain any special services that the child receives through their school. \_\_\_\_\_

Are there any dietary restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

Medications your child is currently taking \_\_\_\_\_

Will your child be taking medication during the time he/she is here? \_\_\_\_\_

If yes, do you give permission to the staff of Holy Name to administer the medication as prescribed on the label you've provided? Yes \_\_\_\_\_ No \_\_\_\_\_

List any allergies the child has: \_\_\_\_\_

In case of emergency and you cannot be reached, please contact: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone # \_\_\_\_\_

I (your name) \_\_\_\_\_

The parent of (child's name) \_\_\_\_\_

Give permission to Holy Name of Jesus Catholic Church or any staff member to act as my agent in case of any emergency. In the event that I cannot be reached at the emergency number I have listed, Holy Name of Jesus Catholic Church has my permission to transport (child's name) \_\_\_\_\_

To the nearest hospital. I AGREE THAT NEITHER the Diocese of Palm Beach County, Holy Name of neither Jesus Catholic Church nor its staff is liable in the event of an accident or injury to my child. I also assume full responsibility for the consequences of my child's actions during the time he/she is on church or school property.

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

Child's T-Shirt size: \_\_\_\_\_

Is your child interested in participating in the children's choir? ( ) Yes ( ) No

#### HOLY NAME OF JESUS CATHOLIC CHURCH PHOTOGRAPH RELEASE

( ) Yes I give permission allowing Holy Name to take photos taken of my child.

( ) Yes, I give permission allowing Holy Name use of my child (ren's) pictures for purposes of publicity; such as posters, picture presentations or other activities at Holy Name.

( ) Yes, I give permission allowing Holy Name to upload my child (ren's) pictures.

( ) No, I do not give permission allowing Holy Name use of my child (ren's) photos for any purpose.

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