

St. Roman Catholic Parish
(RCIC) Rite of Christian Initiation for Children (7 years+ seeking Baptism, Communion & Confirmation)
Registration Form 2018-2019

Parents Members of St. Roman Parish: Yes _____ No _____ Envelope # _____

GENERAL INFORMATION

Full Name: _____
 First Middle Last

Address: _____ City _____ Zip Code: _____

Date of Birth: _____ City & State of Birth: _____

Home Phone: _____ Parents Cell Phone: _____

School: _____ Grade (2018-2019): _____

Father's Full Name: _____
 First Middle Last

Mother's Full Name: _____
 First Middle Last (Maiden)

Father's Religion: _____ Mother's Religion: _____

Parents Email: _____

RELIGIOUS BACKGROUND INFORMATION

Is the student baptized? Yes No

In what denomination: _____

Date of baptism: _____

Place of baptism: _____

Godparent(s) Names

Full Name: _____
 First Middle Last (Maiden)

Full Name: _____
 First Middle Last (Maiden)

RELIGIOUS FORMATION INFORMATION

How much formal religious instruction did your child has received...

*As a child?

Describe the religious upbringing for your child: church attendance, family prayers, devotions. Etc..

GODPARENT(S) INFORMATION IF SEEKING BAPTISM (Catechumen)

(Godparent(s) must be at least 18, Confirmed and practicing Catholic)

{Need a letter from their home parish giving permission to be Godparents at St. Roman Parish}

Male Godparent Name: _____ Home Parish _____

Female Godparent Name: _____ Home Parish _____

Address: _____

Phone: _____ Email: _____



fees are below

Program 2018-2019 Fees

Per Child	Parishioners
Program Fee	\$100.00

FOR OFFICE USE ONLY

AMOUNT REC'D	CASH/CHECK	DATE	BALANCE

St. Roman Catholic Church
Christian Formation Program Emergency Contact & Picture/Video Consent Form K-8th
2018-2019

Emergency Contact

Student Name: _____ Grade (18-19) _____
Last First Middle

Student Address: _____ City _____ Zip _____

Father Name: _____ Cell Phone: _____ Home: _____

Mother Name: _____ Cell Phone: _____ Home: _____

Email Address (Father) _____ (Mother) _____

The following persons (other than parent with custody) are authorized to take my child from St. Roman Faith Formation Program, upon condition that the Director is notified in writing or by phone:

Name _____ Address _____ Relationship _____ Phone _____

My child has permission to walk home from St. Roman Faith Formation Program classes or events: ____ Yes ____ No

Every family is responsible for having and understanding as to where their child should go in the event of early dismissal due to bad weather or other emergency.

If parents cannot be reached when child is ill, please notify:

Name _____ Relationship _____ Phone _____

Signature of Parent _____

List any physical conditions, allergies or medication your child may be taking:

Note: Parents or guardians are responsible for emergency medical treatment or expenses

Picture/Video Consent

I, _____ consent to the use by St. Roman Catholic Church of any videotape, photography, slide, audiotape, or any other visual or audio reproduction in which I or my child may appear. I understand that these promotional activities extend to recruitment, fund-raising, advocacy, etc. I release the staff, volunteers, etc. of St. Roman Catholic Church from any liability connected with the use of me or my child's picture or voice recording as part of any of the above or similar activities.

Signature: _____ Date: _____

Name of Student _____ Grade (2018-19) _____