

Saint Egbert Catholic Parish Faith Formation  
**REGISTRATION FORM 2019-20**

**FAMILY INFORMATION**

**Please Print Clearly, Complete Both Sides of Form**

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's (direct contact - cell) \_\_\_\_\_ Mother's (direct Contact - cell) \_\_\_\_\_

**CHILD/YOUTH INFORMATION**

**1st** Child's Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

Learning challenges, social concerns, allergies or medications:

Sacramental Preparation (  needed this year)

Reconciliation/Eucharist - Yr. 1 \_\_\_\_\_ (Grade 1) Yr. 2 \_\_\_\_\_ (Children who have completed Yr. 1)

Confirmation - Yr. 1 \_\_\_\_\_ (Grade 9 - 11) Yr. 2 \_\_\_\_\_ (Youth who have completed Yr. 1)

**2nd** Child's Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

Learning challenges, social concerns, allergies or medications:

Sacramental Preparation (  needed this year)

Reconciliation/Eucharist - Yr. 1 \_\_\_\_\_ (Grade 1) Yr. 2 \_\_\_\_\_ (Children who have completed Yr. 1)

Confirmation - Yr. 1 \_\_\_\_\_ (Grade 9 - 11) Yr. 2 \_\_\_\_\_ (Youth who have completed Yr. 1)

**3rd** Child's Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

Learning challenges, social concerns, allergies or medications:

Sacramental Preparation (  needed this year)

Reconciliation/Eucharist - Yr. 1 \_\_\_\_\_ (Grade 1) Yr. 2 \_\_\_\_\_ (Children who have completed Yr. 1)

Confirmation - Yr. 1 \_\_\_\_\_ (Grade 9 - 11) Yr. 2 \_\_\_\_\_ (Youth who have completed Yr. 1)

**4th** Child's Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

Learning challenges, social concerns, allergies or medications:

Sacramental Preparation (  needed this year)

Reconciliation/Eucharist - Yr. 1 \_\_\_\_\_ (Grade 1) Yr. 2 \_\_\_\_\_ (Children who have completed Yr. 1)

Confirmation - Yr. 1 \_\_\_\_\_ (Grade 9 - 11) Yr. 2 \_\_\_\_\_ (Youth who have completed Yr. 1)

**5th** Child's Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

Learning challenges, social concerns, allergies or medications:

Sacramental Preparation (  needed this year)

Reconciliation/Eucharist - Yr. 1 \_\_\_\_\_ (Grade 1) Yr. 2 \_\_\_\_\_ (Children who have completed Yr. 1)

Confirmation - Yr. 1 \_\_\_\_\_ (Grade 9 - 11) Yr. 2 \_\_\_\_\_ (Youth who have completed Yr. 1)

**FAITH FORMATION FEE**

GENERAL FEE (\$20. per family w/ 1 child, \$35.-2 children, \$45.-3 or more children)	\$
I can assist a family in need of help with registration with a donation of:	\$
No family will be excluded due to inability to pay. Do you need scholarship assistance?	Yes _____ No _____

CONTINUE ON REVERSE SIDE

## REGISTRATION FORM Continued

### CHILD AND YOUTH PROTECTION

The Diocesan Office of Child and Youth Protection has mandated that all volunteers who work directly with children or youth in our parish be subjected to full and complete background checks. This procedure will seek to ensure the safety of your children/youth in our care. In addition, all parents/guardians of Faith Formation children/youth are required to fill out the attached "Personal Information Sheet" in event that an occasional visit to the classroom may occur. All forms will be confidentially secured within the Parish Office. Parents/guardians who do not fill out this form will not be allowed to enter any Faith Formation classroom or volunteer for any activity where children/youth other than their own are present.

Parent/Guardian's Initials \_\_\_\_\_

### PHOTO AUTHORIZATION

There may be times throughout the year in which your child's photo may be taken individually or with a group. These photos are sometimes displayed in the Church, on the Parish website, and/or in Parish Publications. First names may be used in association with photos but no last names will be used. Please indicate permission for each child/youth listed on the front on this form. If not checked it will be assumed photos are permitted.

NAME OF CHILD/YOUTH	CHECK PREFERENCE	INITIAL
	___ YES ___ NO	
	___ YES ___ NO	
	___ YES ___ NO	
	___ YES ___ NO	
	___ YES ___ NO	

### EMERGENCY MEDICAL AUTHORIZATION

*Please note that the information below will ONLY be used for a medical emergency when the parent/guardian cannot be reached.*

Family Medical Insurance Company: \_\_\_\_\_  
 ID/Policy No. \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_  
 Phone \_\_\_\_\_

I give my permission for my child/youth, in case of an emergency, to be taken to a physician or hospital by medical transport under the supervision of St. Egbert personnel. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give my permission to the emergency personnel, physicians and medical personnel to secure proper treatment for my son/daughter.

Signature of Parent/Guardian: \_\_\_\_\_

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

#### OFFICE USE ONLY

Date Received:	Fee Amount Paid: \$ _____	Check # _____ Cash ___	Received Scholarship: _____
Baptism Certificate Received at Registration? ___ Yes ___ No	Sponsor Information and Form Received at Registration? ___ Yes ___ No	Processed for Mailing List ___ Processed for Email List ___	Additional FF Contribution: \$ _____ Check # _____ Cash _____