

Cash: \_\_\_\_\_ Check: \_\_\_\_\_

PLEASE PRINT ALL INFORMATION:

Student Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(# Street) (City) (State) (Zip)

Student resides with: (Circle which apply) Father Mother Both Guardian Age: \_\_\_\_\_

<u>Sacraments Received</u>	<u>Date</u>	<u>Name of Church, City and State</u>
_____ Baptism	____/____/____	_____
_____ Reconciliation	____/____/____	_____
_____ Eucharist	____/____/____	_____

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ City and State of Birth: \_\_\_\_\_

Completed Grade Level: \_\_\_\_\_ Name of school currently attending: \_\_\_\_\_

Was your child involved in Faith Formation last year at St. Sebastian? \_\_\_\_\_ Yes \_\_\_\_\_ No

What grades has your child participated in Faith Formation here at St. Sebastian?

Circle all that apply: Pre-K K 1 2 3 4 5 6 7 8

Was your child involved in Faith Formation in another parish? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Name, City, State of Parish: \_\_\_\_\_

Registering for grade: Grade 6 \_\_\_\_\_ Grade 7 \_\_\_\_\_

We are active, registered members of St. Sebastian. Year of Registration \_\_\_\_\_

Does your child have any allergies or other medical condition(s) we need to know of? \_\_\_\_\_

FAMILY INFORMATION

Father's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Work Number: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
(First) (Middle) (Maiden)

Work Number: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Best way to contact parent/guardian: \_\_\_\_\_

We wish to receive parish messages via the ONE CALL ALERT SYSTEM. Please use the following

Phone number(s) for alerts: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Diocesan Permission and Medical Treatment Waiver

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ do hereby give my permission for him/her to attend Faith Formation on the premises of St. Sebastian Catholic Church located at 13075 US Highway 1, Sebastian, Florida to be treated for a medical emergency in my absence while participating in this parish program. The Director of Faith Formation or adult supervisor may act as an agent in my absence. In case of accident, I do not hold the Diocese of Palm Beach, the parish of St. Sebastian, its staff or adult supervisor responsible.

In case of emergency, if I am not available at the above listed phone numbers, please contact:

Name: \_\_\_\_\_ Phone# ( \_\_\_\_\_ ) \_\_\_\_\_  
Cell# ( \_\_\_\_\_ ) \_\_\_\_\_

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

Photograph and/or Videotape Consent & Release Waiver

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ do hereby grant to sponsor (St. Sebastian Catholic Church) the right to photograph my child. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540-08 and expressly constitutes permission for publication of name, face, likeness, voice and appearance.

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

\*\*\*\$60.00 Fee is due per student registration. This covers all materials for the school year.