

PLEASE PRINT ALL INFORMATION:

Student Name: _____ Age _____
(FIRST) (MIDDLE) (LAST)

Address: _____
(# Street) (City) (State) (Zip)

Home Phone: _____ Family E-Mail: _____

Child resides with: (Circle which apply) **Father** **Mother** **Both** **Guardian** (If guardian: please give us name and contact information if different from above)

<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: _____

Grade in School: _____ Name of School: _____

Was your child involved in Faith Formation in another parish? ___ Yes ___ No Grades: _____

Name of Parish: _____ City and State: _____

Registering for Faith Formation Grade: _____ for the 2021 – 2022 school year.

FAMILY INFORMATION:

Father's Name: _____
(FIRST) (MIDDLE) (LAST)

Work Number: _____ Cell: _____ E-Mail: _____

Mother's Name: _____
(FIRST) (MIDDLE) (MAIDEN NAME)

Work Number: _____ Cell: _____ E-Mail: _____

Best way to be contacted: _____

We wish to receive parish messages via the ONE CALL ALERT SYSTEM. Please use the following phone number(s)/e-mail for alerts.

- 1. _____
- 2. _____
- 3. _____

We are active, registered members of St. Sebastian. Year of registration: _____

Does your child have any allergies or other medical conditions? _____

DIOCESAN PERMISSION AND MEDICAL TREATMENT WAIVER

I _____, the parent/guardian of _____ do hereby give my permission for him/her to attend Faith Formation classes 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 an 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/video tape 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 child/per registration**

This fee covers texts, classroom and all other materials.

OFFICE USE ONLY materials

Completed Form Received: _____

Cash: _____ Check# _____

Registering for Grade: _____

Other Notes: _____
