

St. Sebastian Catholic Church  
Faith Formation  
Grades 1 & 2 – Prep for Reconciliation and Eucharist and Basics  
REGISTRATION 2018 – 2019

PLEASE ATTACH  
A COPY OF  
YOUR CHILD'S  
BAPTISMAL CERTIFICATE

Child's Name: Please ***print*** name as you want it to appear on the Sacrament Certificate

(FIRST)

(MIDDLE)

(LAST)

Date of Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Church, City and State: \_\_\_\_\_

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

Grade in School: \_\_\_\_\_ Name of School: \_\_\_\_\_

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

If no, was your child involved in Faith Formation in another parish? \_\_\_\_ Yes \_\_\_\_ No

Name of Parish: \_\_\_\_\_ City and State: \_\_\_\_\_

I am registering him/her for: Grade 1 (Prep 1) \_\_\_\_\_ Grade 2 (Prep 2) \_\_\_\_\_ Basics \_\_\_\_\_

Allergies or medical conditions? \_\_\_\_\_

Father's Name: \_\_\_\_\_

(FIRST)

(MIDDLE)

(LAST)

Mother's Maiden Name: \_\_\_\_\_

(FIRST)

(MIDDLE)

(LAST)

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

(#, Street or Apt.)

(City)

(State)

(Zip)

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

We wish to receive parish messages via the ONE CALL 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: \_\_\_\_\_

**DIOCESAN PERMISSION AND MEDICAL TREATMENT WAIVER**

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_

\_\_\_\_\_, 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 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/videotape my child. This waiver specifically releases any common law causes of action of claims under Fla. Stat. 540-08 and expressly constitutes permission for publication of name, face, likeness, voice and appearance.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

The preparation process for the sacraments of Reconciliation and Eucharist involves regular attendance at Sunday (Saturday) liturgy

\*\*\*\$60.00\*\*\* fee is due per registration. This fee covers texts and classroom materials.

**OFFICE USE ONLY**

Completed Form Received: \_\_\_\_\_

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

Baptismal Form Attached: \_\_\_\_\_

Registering For Prep I \_\_\_\_\_ Prep II \_\_\_\_\_ Basics \_\_\_\_\_