

St. Sebastian Catholic Church
Faith Formation
Grade 8 – First Year Prep. for Confirmation
REGISTRATION 2018 – 2019

OFFICE ONLY

Completed Reg. _____

Baptismal Cert. _____

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 (If guardian; please give us name and contact info 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: _____

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 of parish: _____ City and State: _____

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

FAMILY INFORMATION

Father's Name: _____
(First) (Middle) (Last)

Work Number: _____ Cell # _____

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

Work Number: _____ Cell # _____

E-Mail: _____

Mother's Maiden Name: _____

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

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 _____ 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. Fee covers cost of texts, classroom materials etc. Any retreat fees and the fee for gown rental is separate.

