

HOLY DISCIPLES PARISH
FAITH FORMATION REGISTRATION 2023-2024

Please fill in ALL the information. After completing the form, drop off the hard copy at the Faith Formation Office by placing it into the white mailbox at the front door. The address for the Faith Formation office is:

9 Academy Hill Road, Watertown, CT 06795

Registration is complete when PAYMENT is made

Program Fees:

Program Fee: 1 child \$80; 2 children \$100; 3 or more children \$120

First Communion Retreat Fee (3rd grade student) additional \$35

Confirmation I Workshop Fee (9th grade student) additional \$50

Confirmation II Retreat Fee (10th grade students) additional \$60

To MAKE PAYMENT, please use PAYMENT LINK

<https://www.wesharegiving.org/App/Form/077757f8-0555-4b54-aec4-596a1335950f>

Name of the church that your family attends

Church _____ Town _____

Mother's Name _____ Religion _____ Marital Status _____

Telephone _____ Address _____

Email _____

Father's Name _____ Religion _____ Marital Status _____

Telephone _____ Address _____

Email _____

Student(s) Registering:

FULL NAME

Grade in Fall

School Attending in Fall

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Check here if you **DO NOT** give permission for your child/ren to be **photographed** for the website, and the monthly Faith Formation highlights newsletter in the parish bulletin.

OVER PLEASE



TRANSPORTATION INFORMATION Who else besides you has permission to pick up your children?
Children will only be released to adults 18 years of age and older.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

List any protective orders, anyone NOT ALLOWED to pickup your child/ren

EMERGENCY INFORMATION This registration **must** include an emergency contact number **other than** the home or parent's numbers. We will try to contact the parents first.

In the event of an emergency, if you're unable to reach me, please contact the following:

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Liability Waiver: Failure to sign this portion could result in a delay in enrolling your child/ren in class.

I, being a parent or legal guardian of the student's listed on this form, hereby allow my child/ren to participate upon my own initiative and application, and I assume all risks of his/her participation in the Faith Formation program. In consideration of his/her participation in said program, I hereby release Holy Disciples parish, Watertown/Oakville, CT, and the Archbishop of Hartford, a corporation sole, its Board, officers, employees and volunteers from any claims or liability arising from any accident or injury to my child/ren occurring during, or as a result of my child's participation in the Faith Formation program.

Signature _____	Date _____
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Please be advised that our catechists are volunteers and are **NOT ABLE TO ADMINISTER EPI-PENS** or any other medication. Therefore, as a parent/guardian:

I give permission to my child's teacher to call 911 for emergency treatment while attending Faith Formation classes and activities if I cannot be contacted.

Preferred Hospital _____

Signature _____	Date _____
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**Please return completed registration form, and make payment
online by Monday, August 7th, 2023.**

Respectfully, late registrations will be charged \$15

Registration CLOSES Monday, August 21st.