

ST. PASCAL BAYLON FAITH FORMATION REGISTRATION FORM 2018-2019

Grades 1-8—Wednesday Evenings—6:30-7:45pm

Please PRINT clearly and fill out form COMPLETELY on both sides.

FAMILY LAST NAME _____ HOME PHONE _____

PRIMARY ADDRESS Street _____

City _____ Zip _____

Father's Name _____

Father's Work Phone _____ Father's Cell Phone _____

Mother's Name _____

Mother's Work Phone _____ Mother's Cell Phone _____

Please list email addresses we may use for faith formation/parish communications:

Child/ren is/are the primary responsibility of: ___ Mom ___ Dad ___ Both ___ Other _____

EMERGENCY CONTACT INFORMATION (if parent/guardian cannot be reached)

NAME _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

PHOTO USE INFORMATION

Unless you notify the office in writing, The Church of St. Pascal Baylon in St. Paul, MN assumes permission to use your child/ren's photo (*without name identification*) in the bulletin, on the website or in parish publicity information.

If you **DO NOT** wish for your child to appear in photos, please check box and sign here:

Parent/Guardian Signature: _____

NOTE: By completing this form, I give permission to my child/children to participate in the parish faith formation programs and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the Church of St. Pascal Baylon and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the Church of St. Pascal Baylon/Archdiocese of St. Paul & Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency during which I am not present, I give permission for 911 to be called and to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, contact the person listed as the Emergency Contact above.

Parent/Guardian Signature: _____

FAITH FORMATION FEES

Wednesday Evenings:

\$65 for 1st child, \$50 for each additional child (max \$165)

Reconciliation and Eucharist Sessions:

\$35 per child, per sacrament (in addition to Wednesday fee)

FOR OFFICE/INTERNAL USE:

Date Received: _____

_____ Faith Formation Fee (Check # _____ Cash _____)

_____ Sacrament Registration Form in (if needed)

_____ Copy of baptism certificate (if needed)

CHILD 1

Complete Name: _____

Gender: Male Female Date of Birth: _____ Age as of 9/1/2018: _____

Grade as of 9/1/2018: _____ School Attending 2018-2019 _____

Sacraments Received (check all that apply): Baptism Eucharist (Communion) Reconciliation(Confession)

Sacrament Preparation Needed for (check all that apply): Baptism Eucharist Reconciliation

If child is in grade 2 or older and you would like them to prepare for reconciliation and/or Eucharist this year, please complete additional 2018-2019 Reconciliation and Eucharist Registration Form

Health Concerns/Special Needs/Social Issues Information

We want to be as sensitive as possible to the needs of our families and children in faith formation. Please list any health concerns, allergies, special needs/disabilities, social issues, etc. of this child.

CHILD 2

Complete Name: _____

Gender: Male Female Date of Birth: _____ Age as of 9/1/2018: _____

Grade as of 9/1/2018: _____ School Attending 2018-2019 _____

Sacraments Received (check all that apply): Baptism Eucharist (Communion) Reconciliation(Confession)

Sacrament Preparation Needed for (check all that apply): Baptism Eucharist Reconciliation

If child is in grade 2 or older and you would like them to prepare for reconciliation and/or Eucharist this year, please complete additional 2018-2019 Reconciliation and Eucharist Registration Form

Health Concerns/Special Needs/Social Issues Information

We want to be as sensitive as possible to the needs of our families and children in faith formation. Please list any health concerns, allergies, special needs/disabilities, social issues, etc. of this child.

CHILD 3

Complete Name: _____

Gender: Male Female Date of Birth: _____ Age as of 9/1/2018: _____

Grade as of 9/1/2018: _____ School Attending 2018-2019 _____

Sacraments Received (check all that apply): Baptism Eucharist (Communion) Reconciliation(Confession)

Sacrament Preparation Needed for (check all that apply): Baptism Eucharist Reconciliation

If child is in grade 2 or older and you would like them to prepare for reconciliation and/or Eucharist this year, please complete additional 2018-2019 Reconciliation and Eucharist Registration Form

Health Concerns/Special Needs/Social Issues Information

We want to be as sensitive as possible to the needs of our families and children in faith formation. Please list any health concerns, allergies, special needs/disabilities, social issues, etc. of this child.
