



**ST. PASCAL BAYLON FAITH FORMATION
REGISTRATION FORM 2023-2024**
Grades 1-8 — Wednesday Evenings—6:30-7:45 pm

**Please PRINT clearly and fill out form COMPLETELY on BOTH SIDES.
Be sure to complete and sign an INDIVIDUAL FORM for each child you are registering.**

FAMILY INFORMATION

FAMILY LAST NAME _____

HOME PHONE _____

PRIMARY ADDRESS

Street _____

City _____ Zip Code _____

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:

☐ Both parents ☐ Mom ☐ Dad ☐ Other _____

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

NAME _____ RELATIONSHIP _____

BEST PHONE NUMBER _____

NAMES OF CHILDREN REGISTERING

**PLEASE COMPLETE AND SIGN BACK SIDE OF THIS FORM.
BE SURE TO COMPLETE AN INDIVIDUAL FORM FOR EACH CHILD.**

RELEASE OF INFORMATION PERMISSION

_____ I grant permission for Kim Roering, Pastoral Associate of Faith Formation, to share contact information (phone, email, mailing address) with the catechists for my children for use during the 2023-2024 faith formation year.

_____ I **DO NOT** grant permission to share my contact information with the catechists for my children for use during the 2023-2024 faith formation year. I wish information to come directly from Kim Roering.

PHOTO USE PERMISSION

_____ I grant permission for photos of my child/ren to be used in parish publications (website, E-newsletter, bulletin).

_____ I **DO NOT** grant permission for photos of my child/ren to be used in parish publications (website, E-newsletter, bulletin).

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

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

FAITH FORMATION FEES

Wednesday Evenings: \$70 for first child, \$50 for each additional child (max \$170 per family)
Reconciliation and Eucharist Sessions: \$40 per child per sacrament, in addition to Wednesday fee

FOR OFFICE/INTERNAL USE:

Date Received: _____

_____ Faith Formation Fee (Check # _____ Cash _____) Amount Paid _____

_____ Individual Form for each child submitted

_____ Sacrament Registration Form submitted (if needed)