



SAN ANTONIO CHILDREN'S FAITH FORMATION
REGISTRATION 2020 – 2021



Revised 08-2019

\$50 PER CHILD OR \$125 PER FAMILY

REGISTRATION DEADLINE: AUGUST 25, 2020

Parish Registration is REQUIRED for participation in San Antonio's Family Faith Formation. Parish registration forms may be obtained from the bulletin or from the parish

FAMILY REGISTERED AT SAN ANTONIO PARISH? YES NO

FAMILY INFORMATION

Father Stepfather Grandfather Guardian

Children reside with this person:

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Religion: _____

Home Phone: _____ Mobile: _____ Text Messages: Yes No

Email: _____

Fluent Languages: _____ Marital Status: Married Single Divorced Widowed

Mother Stepmother Grandmother Guardian

Children reside with this person:

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Religion: _____

Home Phone: _____ Mobile: _____ Text Messages: Yes No

Email: _____

Fluent Languages: _____ Marital Status: Married Single Divorced Widowed

EMERGENCY (NON-IMMEDIATE FAMILY) CONTACT INFORMATION

** PLEASE PROVIDE CONTACT INFORMATION OF SOMEONE OTHER THAN PARENT/GUARDIAN LISTED ABOVE **

Emergency Contact (Not Parent or Guardian) First/Last Name: _____

Emergency Contact (Not Parent or Guardian) Phone Number: _____

Relationship to Child(ren): _____

FEE ATTACHED: A check payable to San Antonio Parish for the non-refundable fee of \$50 per child or \$125 per family. *Note: All children can participate regardless of financial situation. Call Religious Education office for financial assistance or fee reduction.*

FOR OFFICE USE ONLY

Date Received: _____ Fee Paid: _____ Check/Receipt #: _____

MEDICAL AUTHORIZATION FOR MINOR(S)



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Diocesan Entity: San Antonio Parish in Port Charlotte, Inc.

DIOCESAN ENTITY: San Antonio Parish in Port Charlotte, Inc.

EVENT: Religious Education and/or Youth Ministry Sessions September 01, 2020 – July 31, 2021

MEDICAL INFORMATION: Please list all pertinent medical information for each of your children (for example, allergies, medications, physical impairments, learning disabilities, behavioral issues, or any other information necessary in an emergency situation). Explain fully:

NAME OF CHILD	DATE OF BIRTH	MEDICAL ISSUE / SPECIAL NEEDS
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In case of illness or injury to the above child(ren), reasonable effort will be made to contact the parent(s) or legal guardian(s) or emergency contact. In case of a medical emergency, 911 will be called. In the event that the parent(s) or legal guardian(s) or emergency contact cannot be notified or are not available, I (we), the parent(s) or legal guardian(s) of the above listed minors, hereby authorize staff of **San Antonio Parish in Port Charlotte, Inc.**, or other pertinent diocesan officials to consent to any x-ray examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a licensed physician in the State of Florida. This authorization is valid for a period of one year from the date of execution.

Parent / Legal Guardian #1:

NAME: _____ HOME PHONE _____ CELL _____

Parent / Legal Guardian #2:

NAME: _____ HOME PHONE _____ CELL _____

Emergency Contact:

NAME: _____ HOME PHONE _____ CELL _____

X _____ X _____
Signature of Parent(s) or Legal Guardian(s) Date

**PARENT OR LEGAL GUARDIAN CONSENT TO RELEASE MINOR TO THIRD PARTY
AND RELEASE OF LIABILITY & AGREEMENT TO INDEMNIFY**



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PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH CHILD

	CHILD #1	CHILD #2	CHILD #3
Last Name:	_____	_____	_____
First Name:	_____	_____	_____
Middle Name:	_____	_____	_____
Date of Birth:	_____	_____	_____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age:	_____	_____	_____
School:	_____	_____	_____
Current Grade:	_____	_____	_____
Baptized:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date:	_____	_____	_____
Church:	_____	_____	_____
City/State:	_____	_____	_____
Eucharist:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date:	_____	_____	_____
Church:	_____	_____	_____
City/State:	_____	_____	_____
Confirmation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date:	_____	_____	_____
Church:	_____	_____	_____
City/State:	_____	_____	_____
Special Needs:	_____	_____	_____

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH CHILD