



CATHOLIC CHURCH OF THE NATIVITY
FAITH FORMATION
2024-2025 *registration*

Date:

☐ New to the Parish/Faith Formation (Must be registered parishioners to enroll)

Family Last Name

	Father/Guardian	Mother/Guardian
Name (first and last)	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
City, Zip	<input type="text"/>	<input type="text"/>
Phone (Home)	<input type="text"/>	<input type="text"/>
Phone (Cell)	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>

PLEASE SEE BOX BELOW

As a parent/guardian of a student, I understand that my help is needed to support this faith formation program. I will lend my support by helping with:

- ☐ I am interested in teaching
- ☐ I am able to substitute teach when necessary
- ☐ I can help in the nursery
- ☐ I can help as support staff for the program during the time of Faith Formation Classes
- ☐ I cannot help at this time.

Please place and "X" in the box if your child HAS received the sacrament. If your child will be receiving First Penance/ Communion or Confirmation this year, please provide a copy of his or her *Baptismal Certificate*.

Child's Name	Birth Date	M/F	Age	Grade	School	Attended Faith Formation Last Year	Baptized	First Communion	First Penance	Confirmation 1	Confirmation 2/ Confirmed
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MY PRE-KINDERGARTEN (MUST BE 4 YEARS OF AGE BY AUG 2024) AND/OR KINDERGARTEN STUDENT(S) WILL ATTEND CLASS DURING:

☐ 8:30am Mass ☐ 11:00am Mass

MY FIRST GRADE THROUGH CONFIRMATION STUDENT(S) WOULD **PREFER** CLASS AT:

1st Choice:

- ☐ Sunday 9:45-10:45 am
- ☐ Sunday 12:00 - 1:00 pm
- ☐ Wednesday 6:30-7:30 pm

2nd Choice:

- ☐ Sunday 9:45-10:45 am
- ☐ Sunday 12:00 - 1:00 pm
- ☐ Wednesday 6:30-7:30 pm

We cannot guarantee that you will get your preferred time.

PLEASE CONTINUE ON BACK

ATTENDANCE AT BOTH MASS AND EDUCATION ARE VERY IMPORTANT.

PLEASE BE MINDFUL OF FUTURE COMMITMENTS WHEN SELECTING YOUR CLASS TIME SO THAT SPORTS AND OTHER ACTIVITIES DO NOT CONFLICT. ONCE CLASSES BEGIN, YOU WILL NOT BE ABLE TO SWITCH CLASSTIMES. WE ASK THAT YOU EMAIL US REGARDING ALL ABSENCES. AFTER 3 ABSENCES, YOU WILL BE REQUIRED TO MEET WITH THE PASTOR.

BY SUBMITTING THIS FORM YOU ARE AGREEING TO FOLLOW THE ATTENDANCE AND COMMUNICATION POLICIES AND ACKNOWLEDGE THAT YOUR CHILD CAN BE REMOVED FROM THE PROGRAM FOR EXCESSIVE ABSENCES OR ANY OTHER REASON AS SEEN FIT BY THE PASTOR.

ARE THERE ANY KNOWN ALLERGIES, MEDICAL CONCERNS, SPECIAL NEEDS, OR OTHER PERTINENT INFORMATION WE SHOULD BE AWARE OF?

Emergency Medical Release Permission:

I, _____, who may do so by law, authorize the administration of emergency medical treatment for the subject of this release form. I understand I will be notified immediately. If I cannot be reached, I consent to the action of the attending physician or dentist. I hereby release Catholic Church of the Nativity and its agents from liability for action taken pursuant to this release.

Parent/Guardian Signature: _____

Phone: _____ Date: _____

Photography/Video Release

My signature consents to the use by Catholic Church of the Nativity of any photographs, slides, audiotapes, or any other video or audio reproduction in which my child/children may appear. I understand that these materials may be used to promote our Children's Ministries and Youth programs through on-line media and bulletin boards.

Parent/Guardian Signature _____ Date _____