

FAITH FORMATION REGISTRATION FORM-PAGE ONE

CHURCH OF THE BLESSED SACRAMENT – 2016-2017 (Parish Registration # _____)

Please mail this completed form with payment to the Parish Office as soon as possible.
 Classes fill on a first come, first serve basis. Children in Preschool must be age 4 by July 31, 2016;
 kindergarten students must be in kindergarten in public or JP II Catholic school.

Family Name: _____

Address: _____

Home Phone _____

Unlisted: ___ Yes ___ No

Cell Phone #: _____

As a family we attend:

5:15 p.m. _____

8:30 a.m. _____

10:30 a.m. _____

For information sharing purposes, please share with us your current email:

Family Email

Address _____

Mom's Email

Address _____

Dad's Email

Address _____

Parent and/or Guardian Information

Parent/Guardian Name	Relationship	Sex	Occupation	Business Phone/Ext.	Religion

Emergency Contact Information

Name of Contact	Relationship	Contact Address	Emergency Phone #

Remarks: _____

Sacraments Received

Student	Sex	Grade	School	Birth Date	Class Time	B	R	C	E

THE FOLLOWING IS A LEGAL PERMISSION. PLEASE BE SURE TO READ IT BEFORE SIGNING.

In the event I cannot be reached for a medical emergency, I hereby give permission to the physician selected by the DFF/YM or his/her designee to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child(ren) as named above. I give permission to administer first aid for my child. Limitations: _____

(Enter any limitation to the above permission, then sign below.)

1. No. of students _____ x\$40.00= _____
 (Maximum fee \$110.00)

2. TOTAL FEE

Enter \$0.00 if Catechist

Office Worker/sub see Lucy _____

3. Balance due to be billed _____

 Signature of Parent/Guardian

 Date Signed