

# ST. THOMAS A'BECKET FAITH FORMATION REGISTRATION 2020-2021

<u>Family Last Name</u>		<u>Address</u>			<u>City</u>	<u>Zip Code</u>	<u>Cell # while child in class</u>	<u>Primary email address</u>
Student Name First and Last	Gender (M/F)	Grade in 2020-2021	Birth date	Church of Baptism	Church of First Communion	School child will attend in 2020-21	Medications, physical limitations or special needs	
Father's First Name	Father's Last Name		Father's Religion		Father's Cell Phone		Father's email	
Mother's First & Maiden Name	Mother's Last Name		Mother's Religion		Mother's Cell Phone		Mother's email	
<b>Emergency Contact Name</b> _____					<b>Emergency cell number</b> _____			



Please Fill OUT FORM on BACK



It is assumed that we have permission to use your child's photos in our church bulletin, website and other communication materials. Contact us if you do not consent to the use of photos.  
Review the policy at <http://www.abecket.org/policies/photopermissionpolicy.pdf>

PLEASE FILL OUT THE INFORMATION FOR THE FAITH FORMATION PROGRAM IN WHICH YOUR FAMILY WILL PARTICIPATE

CLASSROOM FAITH FORMATION

Check your preferred day.

**Mon., 6:00 - 7:15 PM**    
  **Tues., 5:00 - 6:15 PM**    
  **Wed., 6:00 - 7:15 PM**

FAMILY HOME STUDY– Grades 1-7

Our family will participate in Family Home Study.

VOLUNTEER!

Many volunteers are needed. How can you help? (Check all that apply.)  
All volunteers must follow our Safe Environment policies at [abecket.org/safeenvironments.htm](http://abecket.org/safeenvironments.htm).

Catechist Teacher      Substitute teacher      Hall/outdoor monitor  
 Office volunteer during class      Classroom      Classroom cleanup

TUITION

\$115 one child, \$190 for two children, \$230 for 3+ children.

Office Use ONLY

Date	Amount	Check	Cash	Received by
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Registration due AUGUST 1, 2020

# MEDICAL RELEASE FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Names of ALL children in program \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address of Minor: \_\_\_\_\_ City: \_\_\_\_\_

Emergency Phone(s): \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone: \_\_\_\_\_

List allergies, medication, contract or other pertinent comments. Please specify each child.

\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Data:

Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

I further authorize the person who presents the minor to sign the Acknowledgement of Receipt of Notice of Privacy Rights that my be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician. I acknowledge that it is my responsibility to submit a new form if any of the above information changes.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

(Parent or Guardian)

Office Use Only

## RECORDED CORE TOPICS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\*\*\* All parents whose children participate in the Faith Formation program need to complete three Core faith enrichment topics. See <https://www.abecket.org/core-topics> for topics and information.