



**St. Justin Parish On-Going Faith Formation
2020 Registration Form**

Questions: Contact Parish Office 296-1193 X 100 or laura.ortiz@dsj.org

Family Name: _____

Street Address: _____

City, State, Zip _____

Home Phone: _____ Family e-mail: _____

<u>Father</u>	<u>Mother</u>
Full Name _____	Full Name _____
Occupation _____	Occupation _____
Religion _____	Religion _____
Primary Language: _____	Primary Language: _____
Cell Phone: _____	Cell Phone: _____
e-mail: _____	e-mail: _____

Marital Status (Optional - Circle one) Married Divorced Separated Widowed Single

Child(ren) live with (circle one) Both Parents Other (explain) _____

Does any one person have sole physical & legal custody of child(ren)? No Yes (If yes, explain)

Second Address for Child(ren) _____

Is your family currently registered at St. Justin Parish? Yes No

Children's Information

Please complete for each child who will participate in Preschool, Elementary School or Jr. High.

Name Last _____ First _____ Gender: M F Date of Birth _____ Age: _____ Grade In Fall (Pre-8th) _____ School _____ Baptized? Y N Baptismal Date: _____ First Communion Received? Y N	Name Last _____ First _____ Gender: M F Date of Birth _____ Age: _____ Grade In Fall (Pre-8th) _____ School _____ Baptized? Y N Baptismal Date: _____ First Communion Received? Y N	Name Last _____ First _____ Gender: M F Date of Birth _____ Age: _____ Grade in Fall (Pre-8th) _____ School _____ Baptized? Y N Baptismal Date: _____ First Communion Received? Y N
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FEES: For Office Use Only:
 Date Received: _____ Check # _____ Cash _____ Amount: _____

EMERGENCY INFORMATION AND RELEASE:

In the event of apparent serious illness or accident, when I cannot be reached, I wish one of the following persons to be notified by phone. They are authorized to act in my absence, and they will be notified that their names have used on this form. (Please do not list parent or guardian below; it must be someone nearby who can be reached quickly.)

1. NAME _____ PHONE _____

2. NAME _____ PHONE _____

In case of minor injury, I authorize that first aid may be administered by a person qualified to render such service. In case of accident, may we contact you family doctor or dentist?

YES NO

FAMILY DOCTOR _____ PHONE _____

FAMILY DENTIST _____ PHONE _____

SIGNATURE

RELATIONSHIP TO CHILD

Please indicate any **health conditions, allergies, learning disabilities, or family situations** which we should be aware of for **each child**:

FEES:

		if paid by	after
		Sept. 26, 2020	Sept. 26
Pre-School through Eighth Grade fees are	1 Child	\$80	\$90
	2 Children	\$140	\$160
	3 or more Children	\$180	\$200

Financial assistance available upon written request to laura.ortiz@dsj.org

Photograph and Video Consent

From time to time, we take pictures and video of catechetical gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the ministry website. To do this, we need both the students' and the parents' consent. We will not use the last names of any individual whose photos or videos are posted. If there are any concerns about pictures or videos posted on the website, please contact the front office, and they will promptly be removed.

I/We, the parent(s) of this youth (name) _____, authorize and give full consent, without limitation or reservation, to St. Justin Parish, to publish any photographs or videos in which the above named student and /or pictures or videos of his/her parent(s) of grandparent(s) appears while participating in any program with St. Justin Parish Ministry. There will be no compensation for use of any photograph at the time of publication or in the future.

Parent Signature: _____

Date: _____