

Faith Formation 2019-2020 Registration

St. Benedict Parish
St. Bridget's Church & St. Mary's Church
95 N Main St, Canandaigua, NY 14424
(585) 394-1220

Our household is planning to participate in Faith Formation

Family Name: _____

Address: _____

Phone: _____

Email: _____

We would like to register the following people for this year's Faith Formation program.

First Name	Last Name	Date of Birth	Grade

Where do you plan to attend? St. Mary's after 9am Mass (K-5 and Middle School Youth Group)
 St. Bridget's after 9:30am Mass (K-5 only) St. Mary's Sunday evenings (High School Youth Group)

Are there any special needs or arrangements that we should be aware of for anyone in your household?

Please include the fee for materials of \$35 per child with a maximum fee of \$75 per household for Faith Formation with this registration. If finances are a concern, please contact the Parish Office.

Note: Materials fee waived for children whose parents volunteer to be Catechists.

Please make checks payable to "St. Benedict Parish" and write Faith Formation on the memo line.

If you have children under the age of 19, please complete and sign the reverse side.

After filling out this form, please return it to the parish office by dropping it in the collection, at the PAC or mailing it to us at: St. Benedict Parish, Attn: Kristen Leschhorn, 95 N Main St, Canandaigua, NY 14424

If you have any questions, please don't hesitate to call Kristen at 585-394-1220, ext. 41.

Release and Health Information for Children Under the Age of 19

To whom may the child/children listed on reverse side be released to when the Faith Formation session is over?

Name	Relationship to child	Phone number

Health Insurance company _____ Policy Number _____

Family Physician / Clinic _____

Please list any allergies your child/children may have: _____

I give permission for pictures to be taken of my child/children for informational and/or advertising purposes for church programs only. ____ Yes ____ No

In signing this form,

- ... I certify that the submitted information is correct, current and complete.
- ... I give permission for my child to be transported for medical or other emergency purposes.
- ... I give permission for release of medical records to an attending physician in case of illness.
- ... In case of a medical emergency, I understand that every effort will be made to contact the parents or guardians.
- ... In the event that I cannot be reached, I hereby give permission to the physician to secure proper treatment for my child/children named on this form.

Signature of parent/guardian _____ Date _____

*When complete, please return to Kristen Leschhorn at St. Benedict Parish, 95 N Main St, Canandaigua NY 14424
Alternately, you could scan and email it to him at Kristen.Leschhorn@dor.org*

We need your help! Can you help with Faith Formation?

Can you commit to being...?

- A Catechist (Grade preference?* _____)
- A Substitute Catechist (Grade preference?* _____)
- A Room Aide (Grade preference?* _____)

*All efforts will be made to accommodate preferences, but preferences cannot be guaranteed.

Name _____

Phone _____

Email _____