

P.O. Box 8 St. Meinrad, IN 47577
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Phone 812-357-5533

Return This Form & Resource Fee by May 1

2018-2019 FAITH FORMATION REGISTRATION

CHILD'S NAME _____

ST. BONIFACE CATHOLIC CHURCH _____

ST. MEINRAD CATHOLIC CHURCH _____

2018-19 PRIMARY GRADE PS K 1 2 3 4 5

2018-19 MIDDLE/HIGH SCHOOL 6 7 8 9 10 11 12

SPRED AGE 10-16 ADULT

CHILD INFORMATION

Address _____

City, State, Zip _____

Sex Male Female Date of Birth _____

WHICH SACRAMENT(S) HAS YOUR CHILD CELEBRATED?

BAPTISM FIRST RECONCILIATION FIRST COMMUNION CONFIRMATION

PARENT OR GUARDIAN INFORMATION

Father's Name _____

Religion Roman Catholic Other _____

Home # _____ Mobile # _____ Work # _____

Email _____

Mother's Name _____

Religion Roman Catholic Other _____

Home # _____ Mobile # _____ Work # _____

Email _____

Marital Status Married Separated Divorced Single Remarried

Step-father _____ Step-mother _____

Child resides with Mother Father Other _____

EMERGENCY CONTACT "OTHER THAN PARENT"

Name _____ Phone _____

Relationship to child _____

CHILD'S NAME _____

MY CHILD MAY BE PICKED UP BY THE FOLLOWING PERSON(S) "OTHER THAN PARENT"

Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____

MY CHILD MAY NOT BE PICKED UP BY THE FOLLOWING PERSON(S)

Name _____ Relationship _____
Name _____ Relationship _____

HEALTH HISTORY

Allergies

Yes No - Food Allergies _____
 Yes No - Drug Allergies _____
 Yes No - Seasonal Allergies _____
 Yes No - Other Allergies _____
 I carry an EPIPEN because of a severe allergy to _____

Indicate if child currently experiences and/or is being treated for any of the following

Yes No - Contact Lenses _____ Yes No - Diabetes _____
 Yes No - Infection (ear, throat, skin, etc.) _____ Yes No - Leukemia/Cancer _____
 Yes No - Bleeding or Clotting _____ Yes No - Heart Disease _____
 Yes No - Hypertension _____ Yes No - Convulsions _____
 Yes No - Asthma, controlled by _____ Oral Medication _____
 I carry an INHALER to control my asthmatic attacks _____

Yes No - Do you have any special needs (e.g., physical, mental, social or dietary restrictions) which we need to be aware of? Please explain _____

 Yes No - Other _____

RESOURCE FEE

\$30.00 PER STUDENT

\$60.00 PER FAMILY WITH 2 OR MORE CHILDREN

MAKE CHECK PAYABLE TO YOUR PARISH MEMBERSHIP – DUE BY MAY 1, 2018

COMMUNICATION AND SOCIAL MEDIA PERMISSION

I, the undersigned, do hereby grant to St. Boniface Catholic Church & St. Meinrad Catholic Church, my permission to:

Yes No Contact my child through group text at (____) _____ - (____) _____ - _____
(child) (parent)

Yes No Record photographic images (digitally, film, and/or video), and comments (by tape and/or transcription) for use in social media, promotional materials, whether the use of above materials be for public relations, evangelization, development, or any other legitimate purpose of the above-named institutions.

Yes No Parent email address may be listed on class rosters for catechist use. _____
(parent email address)

I have read and agree to the communication and social media release.

Yes No AS A PARENT OR GUARDIAN, I AM INTERESTED IN BEING A: CATECHIST, CATECHIST AIDE, OR HOST FOR SECOND SATURDAY FAMILY NIGHT.

Parent Signature _____ **Print Name** _____
Date _____

OFFICE USE Date Received _____ Received By _____
Catechist _____ Check # _____ Cash _____ Total Amount Paid _____ April 18, 2018