



Saint Anastasia
CATHOLIC CHURCH

FAITH FORMATION REGISTRATION 2019-2020
PLEASE PRINT

Parish Registration # _____
WE/I CONFIRM, BY SIGNATURE ON THIS FORM
(page2), THAT WE/I ARE/AM REGISTERED
MEMBERS OF ST. ANASTASIA CATHOLIC CHURCH
ENTIRE FORM TO BE COMPLETED BY
PARENT OR LEGAL GUARDIAN
 (See reverse side)

PLEASE NOTE: If a family is
registered at another parish,
St. Anastasia's requires a
letter of permission from your
pastor giving permission to
attend Faith Formation.

Child's Full Name (Last Name, First Name & Middle Name)	M/F	Grade	Attended RE Last Year Yes/No	Birth Date	Please Circle Sacraments <u>Already Received</u>		
					Baptism	Confession	Communion

School Attending: _____

Child's Place of Baptism (if applicable): _____ City: _____ State: _____

Date of Baptism ____/____/____

Parish & Location of 1st Holy Communion*(if applicable): Parish: _____ City: _____ State: _____ Date: ____/____/____

***A COPY OF THE CERTIFICATES MUST BE ON FILE IN THE RELIGIOUS EDUCATION OFFICE**

Father's Last Name _____ Father's First Name _____

➤ Father's Work Phone # _____ Father's Cell Phone # _____ Father's Email _____

Mother's Last Name _____ Mother's First Name _____ Maiden Name _____

➤ Mother's Work Phone # _____ Mother's Cell Phone # _____ Mother's Email _____

Home Address _____

City _____ Zip _____ Home Phone # _____

Emergency Contact Name _____ Relation to Parents _____ Phone # _____

Are all children living with Mother & Father? Yes No If No, who does the child live with? _____

People who are allowed to sign-in/sign-out student(s): Name: _____ Name: _____

Tuition: \$80.00 per student \$50.00 for additional students in the same family
\$10.00 for Sacramental Prep. Materials (1st Comm. Students) \$10 late fee will be accessed after August 30, 2019

*****SEE REVERSE SIDE*****

Official Use Only: PAID Cash _____ Check # _____

FIRST YEAR STUDENT: _____

Notes _____

Baptismal Certificate received: Yes _____ No _____

1st Communion Certificate rec: Yes _____ No _____

Date Registration Submitted ____/____/____

2019-2020 MEDICAL RELEASE & GENERAL CONSENT FORM

(ALL INFORMATION WILL BE KEPT CONFIDENTIAL)

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Primary Doctor's Name: _____ City: _____ Phone #: _____

Insurance Company: _____ Card and/or Group Number: _____

Policy Holder Name: _____ Relationship to Student(s): _____

Child's Full Name (Last Name, First Name & Middle Name)	So that we can best serve your child, please list any known conditions that we should be made aware of (i.e. Learning Disabilities, Allergies, Medications taken, Medical, Physical, Emotional, Behavioral , etc.)

ENTIRE FORM TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

I request the above named participant(s) be allowed to attend church related activities with St. Anastasia Catholic Church. I _____, the parent /guardian of _____ do hereby give permission for him/her to attend Religious Education /Sacramental Preparation classes and to be treated for a medical emergency in my absence while participating in the Religious Education program. The adult supervisor may act as an agent in my absence. In case of accident, I do not hold the Diocese of Palm Beach, the Parish (St. Anastasia), its staff, or any catechists/chaperones responsible for accident or injury. I understand that all cost incurred will be my (parent or Legal guardian) responsibility. I also understand that if my student breaks any of the program rules, the proper authorities will be contacted and I (the parent or Legal guardian) will be notified of all actions taken and/or to immediately to pick up my child from premises.

Father's Printed Name _____ Father's Signature _____ Date: _____

Mother's Printed Name _____ Mother's Signature _____ Date: _____