



**Saint Anastasia**  
CATHOLIC CHURCH

**FAITH FORMATION REGISTRATION 2020-2021**  
**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 Last Year Yes/No	Birth Date	Please <b>Circle</b> 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 1<sup>st</sup> 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 (1<sup>st</sup> Comm. Students) \$10 late fee will be accessed after August 31, 2020**

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

Official Use Only: PAID Cash \_\_\_\_\_ Check # \_\_\_\_\_

FIRST YEAR STUDENT: \_\_\_\_\_

Notes \_\_\_\_\_

Baptismal Certificate received: Yes \_\_\_\_\_ No \_\_\_\_\_

1<sup>st</sup> Communion Certificate rec: Yes \_\_\_\_\_ No \_\_\_\_\_

Date Registration Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_

### 2020-2021 MEDICAL RELEASE & GENERAL CONSENT FORM

(ALL INFORMATION WILL BE KEPT CONFIDENTIAL)

#### Page 2 of 2

Primary Doctor's Name: \_\_\_\_\_ City: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Card and/or Group Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Relationship to Student(s): \_\_\_\_\_

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

#### 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: \_\_\_\_\_