



**St. Francis of Assisi Parish  
Children's Faith Formation**

*Growing in Faith...Forming Young Disciples*

CFF 2021/22

Child's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

(First)

(Middle)

(Last)

Date of Birth: \_\_\_\_\_ **Grade as of Sept. 1, 2021** \_\_\_\_\_

Full Address: \_\_\_\_\_

Primary Email\*: \_\_\_\_\_ **\* used for all correspondence during the year**

Primary Phone: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**Mother/Guardian's Info:** Relationship to Child (if not parent): \_\_\_\_\_ Religion: \_\_\_\_\_

First/Last Name: \_\_\_\_\_ Maiden Name (Required): \_\_\_\_\_

Cell#: \_\_\_\_\_ Email (if different from Primary): \_\_\_\_\_

**Father/Guardian's Info:** Relationship to Child (if not parent): \_\_\_\_\_ Religion: \_\_\_\_\_

First/Last Name: \_\_\_\_\_ Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

Please Check Appropriate Box		IN- PERSON FAITH FORMATION							
Class		St. Joseph Site				St. John Site			
CGS		Grades Pre-K -4 <input type="checkbox"/> 9:15-10:45AM <input type="checkbox"/> 12:15-1:30PM <input type="checkbox"/> Every Other Sunday 6-8PM				Grades Pre-K -2 <input type="checkbox"/> 9:45-11AM			
CFF		<b>5</b> <input type="checkbox"/>		<b>3</b> <input type="checkbox"/>		<b>4</b> <input type="checkbox"/>		<b>5</b> <input type="checkbox"/>	
Edge St. Joseph Site		<b>6</b> <input type="checkbox"/>		<b>7</b> <input type="checkbox"/>		<b>8</b> <input type="checkbox"/>			
Life Teen St. Mary Site		<b>9</b> <input type="checkbox"/>		<b>10</b> <input type="checkbox"/>		<b>11</b> <input type="checkbox"/>		<b>12</b> <input type="checkbox"/>	
<b>HOMESCHOOL</b>									
		<b>1</b> <input type="checkbox"/>	<b>2</b> <input type="checkbox"/>	<b>3</b> <input type="checkbox"/>	<b>4</b> <input type="checkbox"/>	<b>5</b> <input type="checkbox"/>	<b>6</b> <input type="checkbox"/>	<b>7</b> <input type="checkbox"/>	<b>8</b> <input type="checkbox"/>

Please complete both sides

**All children are required to have at least 2 years of Faith Formation before receiving their Sacraments**

## SACRAMENT VALIDATION

Parish/Church where your child was baptized\*: \_\_\_\_\_

*\*if your child was not baptized at St. John, St. Joseph, or St. Mary—please attach a copy of their Baptismal Certificate.*

Received First Reconciliation/Confession?  Yes  No

Received First Holy Communion/Eucharist?  Yes  No

Confirmed in the Catholic Church?  Yes  No

## EMERGENCY CONTACT

In case of emergency, list the person whom we should contact if you, the parent(s), cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## MEDICAL INFORMATION

**All medical information is confidential.**

- Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, emotional problem, or any other reason?  NO \_\_\_\_\_  YES \_\_\_\_\_

If Yes, List: \_\_\_\_\_

- Describe any allergy, chronic illness or other conditions: \_\_\_\_\_

- Does your child take any medications? NO \_\_\_ YES \_\_\_ List: \_\_\_\_\_



**Covid 19:** I understand and agree that if my child is experiencing any symptoms of the Covid 19 virus or has been diagnosed with the virus I will inform the CFF Administrator and keep my child at home.

## MEDICAL AUTHORIZATION

In the event of any injury or illness to my/our child during his/her participation in this program, I/we hereby give my/our permission for the necessary medical treatment to be given to my/our child. I/we, for myself/ourselves, for my/our child, our respective heirs, and my/our respective legal representatives, do hereby indemnify and hold harmless any representative of St. John, St. Joseph, and St. Mary Catholic Church and from any and all claims, demands, and courses of action of whatever kind and nature for their actions taken pursuant to this authority.

I/we agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to the Catechetical Directors, St. John, St. Joseph, St. Mary, the Catholic Institute or the Roman Catholic Diocese of Pittsburgh for payment of any medical costs or injury related costs.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PHOTOGRAPH/VIDEO/IMAGE RELEASE

I grant to St. John, St. Joseph, and St. Mary Churches the right to take photographs of my child in connection with Children's Faith Formation. I authorize St. John, St. Joseph, and St. Mary Churches, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that St. John, St. Joseph, and St. Mary Churches may use such photographs of my child with or without their name and for any lawful purpose, including such purposes as publicity, illustration, advertising, and Web content.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## DONATION FOR MATERIALS

There is a suggested donation of \$35 per child to cover materials for the year. **Families with more than 2 children will be capped at \$90.** The donation covers the cost of curriculum and supplies throughout the year. **\*If this donation presents a hardship for your family, please notify the Catechetical Director. No child will ever be turned away due to financial hardship.**

Check – Amount: \$ \_\_\_\_\_ Check # \_\_\_\_\_

Make checks payable to: "St. Francis of Assisi Church"

