



# GIFT Night

## Growing In Faith Together

### REGISTRATION FORM 2020-2021

If registering adult(s) only complete Section 1. If registering child(ren) or family complete Section 2. (Due by Sept. 1<sup>st</sup>)

#### ADULT AND YOUNG ADULT PARTICIPANTS (post High School)

SECTION 1

Family Name \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Additional Phone \_\_\_\_\_

Primary Email \_\_\_\_\_ (Communication will be sent to cell or email via Flocknote.)

#### Individual Information for participating Adults

\_\_\_\_\_

Name \_\_\_\_\_

Attend Study      Serve as:  Adult Group Leader       YDisciple Mentor  
 Elementary Faith Formation Catechist       Other \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Attend Study      Serve as:  Adult Group Leader       YDisciple Mentor  
 Elementary Faith Formation Catechist       Other \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Attend Study      Serve as:  Adult Group Leader       YDisciple Mentor  
 Elementary Faith Formation Catechist       Other \_\_\_\_\_

SECTION 2

#### FAMILY REGISTRATION INFORMATION (required field if registering child(ren))

Father's Name \_\_\_\_\_ Father's Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Address \_\_\_\_\_

Primary Email \_\_\_\_\_ Primary Phone \_\_\_\_\_

Communication will be sent to cell or email via Flocknote

\_\_\_\_\_

\_\_\_\_\_

## YDISCIPLINE PARTICIPANTS – Grades 6-12

Name \_\_\_\_\_ DOB \_\_/\_\_/\_\_\_\_ Current Grade \_\_\_\_\_

Do you prefer:  online  on-campusPlease list any medical conditions/special needs (food allergies, medical issues, etc.)  
\_\_\_\_\_List 1-2 adult(s) preferred as a mentor  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_/\_\_/\_\_\_\_ Current Grade \_\_\_\_\_

Do you prefer:  online  on-campusPlease list any medical conditions/special needs (food allergies, medical issues, etc.)  
\_\_\_\_\_List 1-2 adult(s) preferred as a mentor  
\_\_\_\_\_  
\_\_\_\_\_

## ELEMENTARY FAITH FORMATION PARTICIPANTS – PreK-Grade 5

Name \_\_\_\_\_ DOB \_\_/\_\_/\_\_\_\_ Current Grade \_\_\_\_\_

Do you prefer:  online  on-campusPlease list any medical conditions/special needs (food allergies, medical issues, etc.)  
\_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_/\_\_/\_\_\_\_ Current Grade \_\_\_\_\_

Do you prefer:  online  on-campusPlease list any medical conditions/special needs (food allergies, medical issues, etc.)  
\_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_/\_\_/\_\_\_\_ Current Grade \_\_\_\_\_

Do you prefer:  online  on-campusPlease list any medical conditions/special needs (food allergies, medical issues, etc.)  
\_\_\_\_\_

**Permission to Photograph:** Photographs of the children may occasionally be taken during Faith Formation classes, family events or special celebrations/masses. I hereby give permission for my son/daughter(s) listed above to be photographed or videotaped at or by the St. Anthony/St. Nicholas Faith Formation programs. I understand that the photos may be published in the bulletin, newsletters, the parish website or any other publication. The video may be used for information or educational purposes regarding the programs and curriculum.

I give my permission \_\_\_\_\_ I do NOT give my permission \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_