

# Parish of the Precious Blood Faith Formation Registration Form

Holy Rosary

St Denis

St Mark's

St Mary's

St. Louis

Family (Last) Name \_\_\_\_\_ Date \_\_\_\_\_  
 Parent(s) (Guardian's) Mailing Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Father's First Name \_\_\_\_\_ Father's Religion \_\_\_\_\_  
 Mother's First Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ Mother's Religion \_\_\_\_\_  
 Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

I, \_\_\_\_\_ hereby give authorization to the faith formation staff to **obtain treatment** for my child in case of sudden illness or accident ( Date) \_\_\_\_\_

I hereby grant permission for my child to be **photographed and/or videotaped** during Faith Formation activities and events. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published for the purpose of promoting Faith Formation programs at THE PARISH OF THE PRECIOUS BLOOD. Name (PLEASE PRINT) \_\_\_\_\_

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

**If you are not registered at your church, please ask for a registration form today.**

<b>First Child</b>		
Last Name _____	First Name _____	Date of Birth _____
School _____	School Grade (Fall '21) _____	Rel. Ed. Grade _____
Church of Baptism _____	Town/State/Zip _____	
Confirmation (yes /no) _____	First Penance (yes/no) _____	First Eucharist (yes/no) _____
COMMENTS/Special Needs/ Allergies _____		
Youth: e-mail address _____	Youth Cell# _____	Text (Yes/No) _____

<b>Second Child</b>		
Last Name _____	First Name _____	Date of Birth _____
School _____	School Grade (Fall '21) _____	Rel. Ed. Grade _____
Church of Baptism _____	Town/State/Zip _____	
Confirmation (yes /no) _____	First Penance (yes/no) _____	First Eucharist (yes/no) _____
COMMENTS/Special Needs/ Allergies _____		
Youth: e-mail address _____	Youth Cell# _____	Text (Yes/No) _____

<b>Third Child</b>		
Last Name _____	First Name _____	Date of Birth _____
School _____	School Grade (Fall '21) _____	Rel. Ed. Grade _____
Church of Baptism _____	Town/State/Zip _____	
Confirmation (yes /no) _____	First Penance (yes/no) _____	First Eucharist (yes/no) _____
COMMENTS/Special Needs/ Allergies _____		
Youth: e-mail address _____	Youth Cell# _____	Text (Yes/No) _____

Registration Fee: \$30.00 per child – Maximum family fee: \$60.00  
 No child will be turned away because of inability to pay fee.