



Divine Redeemer Parish Faith Formation Programs 2020-2021



Family's Name:		
Mother's Name:	Street Address:	
Email Address:	Cell Phone:	Maiden Name:
Father's Name:	Street Address:	
Email Address:	Cell Phone:	
Emergency Contact (Name and phone number):		
Emergency Contact (Name and phone number):		

Child #1

Last name:	First name:
Date of birth:	Grade level: Male/Female
Registering for: <input type="checkbox"/> G.I.F.T. Program (Family Catechesis for Pre-K-5th grade) <input type="checkbox"/> EDGE Program (6th-8th grade)	
Special Needs/Allergies:	
Medications:	

Child #2

Last name:	First name:
Date of birth:	Grade level: Male/Female
Registering for: <input type="checkbox"/> G.I.F.T. Program (Family Catechesis for Pre-K-5th grade) <input type="checkbox"/> EDGE Program (6th-8th grade)	
Special Needs/Allergies:	
Medications:	

**** Please complete both sides of this form****

Child #3

Last name:		First name:	
Date of birth:		Grade level:	Male/Female
Registering for:	<input type="checkbox"/> G.I.F.T. Program (Family Catechesis for Pre-K-5 th grade)	<input type="checkbox"/> EDGE Program (6 th -8 th grade)	
Special Needs/Allergies:			
Medications:			

Child #4

Last name:		First name:	
Date of birth:		Grade level:	Male/Female
Registering for:	<input type="checkbox"/> G.I.F.T. Program (Family Catechesis for Pre-K-5 th grade)	<input type="checkbox"/> EDGE Program (6 th -8 th grade)	
Special Needs/Allergies:			
Medications:			

**** Registration Fee is \$60 per child (includes a Bible and costs of materials/resources).**

****Registrations (forms and checks) are due in to the Divine Redeemer Rectory by August 20, 2020, due to COVID-19 and health and safety restrictions spacing is limited.**

I give permission to the Faith Formation (CCD) Program to use photographs, videos, voice recordings, and quotations for the purpose of promoting activities and programs.

Sign here: _____

Date: _____

In the event of any injury or illness to my child(ren) during his/her participation in Faith Formation Programs, I hereby give my permission for the necessary medical treatment to be given to my child(ren).

I agree that in case of injury to my child(ren), I will apply my hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to Divine Redeemer Parish or the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

Sign here: _____

Date: _____

Office Use Only:	Check #: _____	Amount paid: _____	Date received: _____	Staff initials: _____
Payment Plan:	Check #: _____	Amount paid: _____	Date received: _____	Staff initials: _____