

**All Saints Parish Faith Formation Registration**  
**PRE-K through GRADE 5**  
**2020-2021**



**Child Name:** \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_ Grade \_\_\_\_\_ Date of birth \_\_\_\_\_

Please check any sacraments this child has received: Baptism Reconciliation Confirmation Eucharist None

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First \_\_\_\_\_ Last \_\_\_\_\_ Grade \_\_\_\_\_ Date of birth \_\_\_\_\_

Please check any sacraments this child has received: Baptism Reconciliation Confirmation Eucharist None

**Child Name:** \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_ Grade \_\_\_\_\_ Date of birth \_\_\_\_\_

Please check any sacraments this child has received: Baptism Reconciliation Confirmation Eucharist None

**Parent #1:** \_\_\_\_\_ **Parent #2:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Mailing Address: \_\_\_\_\_

**PLEASE CIRCLE Y or N or fill in the blank**

1. Is your family registered at All Saints Parish? **Yes / No**
2. Where does your family normally attend Faith Formation and Mass? \_\_\_\_\_
3. Is there anything we should be aware of concerning your child(ren)'s medical requirements? Allergies? Medications?  
Please explain: \_\_\_\_\_
4. For any on-site Faith Formation gatherings, parents are expected to drop off and pick up their child(ren). If an adult other than the parent is to pick up the child(ren), please list here the names of individuals authorized to do so.  
Authorized adults: \_\_\_\_\_
5. Do you give permission to have the child(ren) listed on this form photographed or videoed at various events throughout the year? Photos/videos may be used in publications, official websites, and official social media pages for All Saints Parish (additional permission will be secured if including name of child(ren) or group). **Yes / No** (signature below)
6. Do you give permission to have the child(ren) and adult(s) listed on this form participate in recorded virtual gatherings (parents/guardians and learners will receive specific invitations, and recordings will be saved for 1 year for review purposes only)? **Yes / No** (signature below)

**If I, the parent, CANNOT be reached in case of an emergency, please notify:**

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

Name of primary physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical/Liability Waiver:** I, \_\_\_\_\_, give my permission to have my child(ren) transported by ambulance to a medical facility in the event of illness, injury or other medical emergency. I give my permission for my child(ren) to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the Parish of all responsibility and consequences that may arise as the result of this treatment, and I will not hold the Parish, Diocese, staff, group leader or other representative responsible in the event of illness, injury or other medical emergency. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment. If I or my alternate cannot be reached in case of an emergency, I give my permission for the Parish staff, group leader or other representative to act on my behalf.

**Health/Safety Agreement:** I agree that my child(ren) will wear a facemask, practice social distancing (by staying at least 6 feet away from other people) and follow safety guidelines according to diocesan protocol at any church sponsored event. My child(ren) will not attend in-person meetings if she/he feels sick.

Signature of Parent or Legal Guardian (circle one)

Date