



St Brendan the Navigator Parish
7 Union Street ~ Camden, Maine 04843 207-236-4785

St. Francis of Assisi, Belfast - Our Lady of Good Hope, Camden – St. Bernard, Rockland

FAITH FORMATION REGISTRATION 2021-2022

Church Attended _____ School Attended _____

Child's Name _____
(Last) (First) (Middle)

Date of birth _____ Place of birth _____ Age _____ Grade _____

Father's Name _____ Religion _____ Marital Status _____

Mailing Address _____ Zip _____ Email _____

Phone (H) _____ (C) _____

Mother's Name _____ Religion _____ Marital Status _____
Maiden

Mailing address _____ Zip _____ Email _____

Phone (H) _____ (C) _____

If divorced, which parent receives information? _____ Mother _____ Father _____ Both

Church of Baptism _____ Date _____

If your child was not baptized at St. Brendan the Navigator Parish, please furnish us with a copy of their Baptism Certificate along with this registration form.

Has he/she made First Communion? _____ If YES, in what parish and date _____

Has he/she been confirmed? _____ If YES, in what parish and date _____

Is the family currently registered in St. Brendan the Navigator Parish? _____ **If not please take a minute to register at:** Register With Us! - St. Brendan the Navigator Parish - Camden, ME
(stbrendanparish.net)

Emergency Contact

Name _____

Cell Phone # _____ Relationship to child _____

Program fee for K - 5 \$35; Junior Youth Group (Grades 6,7,8) \$30.00. There will be a **family limit of \$90.00** for the Program fee. No child will be refused entrance for lack of payment. Please return this completed form with fee to Sr. Kathleen at St. Brendan's parish office . Checks may be made out to St. Brendan the Navigator Parish with **Faith Formation in the memo.**

Please check next to the program you are registering for:

Classes at St. Bernard _____ Classes at St. Francis _____
Family Program _____ Junior Youth Program _____ Can only do online program _____

Circle of Grace is part of the safe environment training program of the diocese of Portland. It is a curriculum that offers different lessons for each grade level. If your children attended circle of grace in the past it is expected that they will continue to attend as it is likely to be a different lesson.

Do you give permission for your child(ren) to attend circle of grace as part of the regular faith formation program? _____ YES _____ NO

If NO, please download the Opt-out Form and return it to Sr. Kathleen. [Parent Opt-out form-2021\(1\).pdf](#) ([portlanddiocese.org](#))

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Media Permissions

To share some of the good things going on in Faith Formation we may use printed materials, including posters, bulletins, newsletters, and digital images that may be used in videos on the St. Brendan Parish website, the Diocese of Portland website, and the Sisters of the Curé of Ars website. We ask for parental permission and if the full names of children are to be used, parents will be contacted for additional permission.

I give my permission to display or publish my child(ren)'s images as described above and for my child(ren) to participate in virtual learning in faith formation settings provided as part of the parish programming.

_____ **Yes** _____ **No** **Parent Signature** _____

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The more **volunteers** we have, the more efficiently and smoothly our program will run. We depend greatly on volunteers from the parish to help us in many ways with our programs. We welcome any age! Would you like to be contacted about volunteering with our program? _____ YES _____ NO

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Medical Information

I, _____ the undersigned parent or legal guardian give my permission to have my son / daughter transported by ambulance to a medical facility in the event of illness, injury or other medical emergency. I also agree that she / he may, if needed be evaluated, diagnosed, treated, and or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the parish of Saint Brendan the Navigator of all responsibility and consequences that may arise because of this treatment. Further, I agree to accept all financial responsibility as a result of scheduling such treatment.

My son/daughter is allergic to _____.

You should be aware of these medical conditions of my son/daughter _____

My son/daughter takes the following medications: (Indicate dosage and frequency)_

Name of primary physician _____ Phone _____

Date of last tetanus booster _____