

# Faith Formation Registration Form

2020-2021

Parish:  St. Joseph  St. Rose

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

## Sacraments

**Baptism** Yes  No  Date: \_\_\_\_\_

Church: \_\_\_\_\_

City/State: \_\_\_\_\_

**Confirmation** Yes  No

**First Eucharist** Yes  No

Please list any allergies, medical conditions, learning difficulties, family circumstances:

\_\_\_\_\_  
\_\_\_\_\_

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

## Sacraments

**Baptism** Yes  No  Date: \_\_\_\_\_

Church: \_\_\_\_\_

City/State: \_\_\_\_\_

**Confirmation** Yes  No

**First Eucharist** Yes  No

Please list any allergies, medical conditions, learning difficulties, family circumstances:

\_\_\_\_\_  
\_\_\_\_\_

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

## Sacraments

**Baptism** Yes  No  Date: \_\_\_\_\_

Church: \_\_\_\_\_

City/State: \_\_\_\_\_

**Confirmation** Yes  No

**First Eucharist** Yes  No

Please list any allergies, medical conditions, learning difficulties, family circumstances:

\_\_\_\_\_  
\_\_\_\_\_

Father's Name: \_\_\_\_\_  
First Middle Last

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

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Religion: \_\_\_\_\_

Baptism Yes  No  Confirmation Yes  No  First Eucharist Yes  No

Mother's Name: \_\_\_\_\_  
First Middle Maiden Last

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

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Religion: \_\_\_\_\_

Baptism Yes  No  Confirmation Yes  No  First Eucharist Yes  No

My child/children may be transported by ambulance to a medical facility in the event of illness, injury, or other medical emergency. I also agree that s/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 all responsibility and consequences that may arise as the result of this treatment. Further, I agree to accept any and all financial responsibility as a result of such treatment.

In an emergency please notify (**PERSON OTHER THAN PARENT OR GUARDIAN**)

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

Relationship to student: \_\_\_\_\_

MEDIA RELEASE

I hereby give permission \_\_\_\_\_ I do not give permission \_\_\_\_\_  
for my son/daughter \_\_\_\_\_ to be photographed or videotaped at St.  
Rose of Lima Parish. I realize that the photo/video may be published in the newspaper, a  
magazine, the parish website or facebook or other publication. The photo/video may be used for  
informational or educational purposes regarding the programs at St. Joseph and St. Rose Parish.

\_\_\_\_\_  
Signature of Parent or Legal Guardian) \_\_\_\_\_ (Date) \_\_\_\_\_