

Eastern Greece/Charlotte - Catholic Faith Formation

Registration Form 2018 - 2019

Holy Cross 621-8133
4492 Lake Ave, Roch NY 14612

St John the Evangelist 225-8980
2400 West Ridge Road, Roch NY 14626

Mother of Sorrows 663-5432
5000 Mt. Read Blvd, Roch NY 14612

St. Charles Borromeo 663-8000
3003 Dewey Ave, Roch NY 14616

Student Name _____ **Sex** M F
LAST FIRST

Address _____ **Phone** _____
House # Street

_____ NY, _____ **Date of Birth** _____
CITY/TOWN ZIPCODE

Age of child **Public School Attending** _____ **Grade in Fall 2018** _____
In 2017, the Faith Formation (Religious Ed) program my *child attended* was held at _____ parish or Catholic School.

Please circle the Parish Faith Formation Program your child will attend in 2018

Holy Cross <i>Sunday</i> (preschool) <i>Sunday AM</i> (grades K-9) <i>Home Study</i>	St John the Evangelist <i>Grades K-6</i> <i>Sundays</i> <i>Home Study</i>	Mother of Sorrows <i>Family Sunday /Monday</i> <i>Vacation Bible School</i> <i>Home Study</i> <i>SundayAM(Jr/SrHigh)</i>	St. Charles <i>Summer K-9</i> <i>Home Study</i> <i>Sunday Preschool</i> <i>(ages 3,4&5)</i> <i>Confirmation I</i>
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Parish your family is registered with _____

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Mother's Name _____ **Maiden Name** _____

Mother's Address _____
(If different from child's) House # STREET
_____ **Religion** _____
CITY/TOWN STATE ZIPCODE

Phone: _____ **Cell:** _____ **E-mail** _____

Father's Name _____ **Religion** _____

Father's Address _____
(If different from child's) House # STREET
_____ CITY/TOWN STATE ZIPCODE

Phone: _____ **Cell:** _____ **E-mail** _____

Child lives with: Both parents Mother Father Other

If other, provide name, address, phone and e-mail _____

Emergency contact name _____ **Phone:** _____

Is there anyone to whom this child cannot be released? _____

Special Situations regarding your child, that we should be aware of (Learning, Behavior, Challenges, Allergies, Medications, etc.) Circle: Yes/No. (Please attach a separate sheet if necessary)

yes _____ no _____

Does your child have any special talents or gifts that he/she might be willing to share (eg.: musical/artistic abilities)

Would you be willing to: Teach _____ Assist in classroom _____
Other _____

Sacraments*	Date	Church	&	Location
Baptism				
Reconciliation				
Eucharist				
Confirmation				

* Sacraments are celebrated and prepared for in the family's home parish. If you would like to register your child for Sacraments, please fill out a separate Sacramental Registration form and submit completed forms to the parish in which you are registered. Contact your parish Faith Formation office for more information about sacramental preparation.

Registration Fee: Please make check payable to Parish at which child is registering for Faith Formation

Programs at Holy Cross: \$50 for one child, \$80 for two or more children

Programs at Mother of Sorrows & St. Charles: \$60 for one child, \$85 for two or more children

Programs at St John the Evangelist: \$50 for one child, \$70 for 2 children, \$80 for three or more children

Health Information

Health Insurance Co. _____ Policy # _____

Physician _____ Phone # _____

Allergies _____

PERMISSION AND RELEASE FORM

I, the undersigned parent or guardian of _____ gives permission for participation in the activities at the parish in which the child is registered for Catholic Faith Formation. In the event of an accident or illness, I hereby grant permission to a staff member or representative to act as an agent for me to consent to medical examination, treatment, hospital care or to administer first aid for minor problems. On the behalf of my child, I assume all risk of personal injury, damage, and expense as the result of participation.

I also give permission for the use of photographs of and including my child to be used in church publicity.

Signature of parent/guardian _____ Date _____

FOR OFFICE USE ONLY

Amount paid: _____ Check # _____

Cash _____ Date _____ Initial _____