

# Eastern Greece/Charlotte - Catholic Faith Formation

## Registration Form 2019 - 2020

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 Rochester, 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 2019 \_\_\_\_\_  
In 2018, 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 2019

<b>Holy Cross</b> <i>Sunday</i> (preschool) <i>Sunday</i> AM (grades K-9) <i>Home Study</i>	<b>St John the Evangelist</b> <i>Grades K-6</i> Sundays <i>Home Study</i>	<b>Mother of Sorrows</b> <i>"Family Sunday</i> (PreK-7 <sup>th</sup> Grade)" <i>Home Study</i>	<b>St. Charles</b> <i>Summer K-9</i> <i>Home Study</i> <i>Sunday Preschool</i> <i>(ages 3,4&amp;5)</i> <i>Confirmation</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 \_\_\_\_\_

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Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail \_\_\_\_\_

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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)

**List Here:** \_\_\_\_\_

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

**List Here:** \_\_\_\_\_

**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 \_\_\_\_\_