

Sacred Heart of Jesus Catholic Community Faith Formation Family Registration Form 2017-2018

Today's date _____

BEST EMAIL ADDRESS FOR FAMILY _____

LAST NAME: _____ Best Contact Phone # _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____

FATHER/GUARDIAN'S LAST NAME _____ FIRST NAME _____ RELIGION _____

OCCUPATION: _____ WORK# _____ CELL# _____

MOTHER'S/GUARDIAN'S LAST NAME: _____ FIRST NAME _____ RELIGION _____

OCCUPATION: _____ WORK # _____ CELL # _____

Registered Parishioner? _____ Must be a registered parishioner of Sacred Heart of Jesus Catholic Community to attend Faith Formation

W
Were your student(s) enrolled in Faith Formation during the 2016/2017 school year? _____ (Name of Parish) _____

1. List each student to be enrolled in Faith Formation below
2. Indicate under Baptismal column "NC" if **child was baptized in another faith other than Catholic***

	Last Name	First Name	o Class Day	Male(M) Female(F)	Birth Date	Grade for Aug. 2017	Has Each Child Received*		
							Baptism*	1 st Comm*	Confirm*
1.									
2.									
3.									
4.									
5.									
6.									
7.									

Please select a class day for each registered student:

Elementary Faith Formation PreK4 – 5th Grade Tuesday or Wednesday (English) 6:00pm – 7:15pm Thursday/Jueves (Español) 6:00pm – 7:15pm	Youth Faith Formation 6th Grade – 12th Grade Sunday 6:30pm – 8:00 pm after 5:00pm Mass Confirmation 1 & 2 Classes on selected Sundays 2:00pm – 4:00pm
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<u>Office Use only</u>	<u>Reconciliation/Eucharist Preparation</u>	<u>RCIA Adapted for Children</u>	<u>Confirmation Preparation</u>
<i>not for children in Sacrament year</i>	<i>2nd grade or above-attach bapt. certificate</i>	<i>attach copy of birth certificate</i>	<i>10th grade and above with good attendance previous year</i>

Class Day _____

Print in Landscape Mode

2017-2018 PARENT /GUARDIAN CONSENT FORM

IMPORTANT! THIS PAGE MUST BE SUBMITTED WITH THE REGISTRATION FORM!

To be filled out by the parent or legal guardian of children under 18 years of age.
Keep pages 1 and 2 of the **Policies & Guidelines** for your records.

MEDICAL CONSENT

In the event of an emergency, I hereby give permission to the staff of Sacred Heart of Jesus Catholic Community to seek emergency medical transport or treatment for my child named below. I will be responsible for costs incurred. I wish to be advised before further care is given by the hospital or doctor. If I cannot be reached, contact:

Name & Relationship _____ Phone (____) _____ - _____

Family Doctor _____ Phone (____) _____ - _____

Insurance Name _____ Group Number _____

Insurance Phone Number (____) _____ - _____ Check here if not insured

List medical conditions, medications, and life-threatening allergies on the back of registration form.

In the event of any accident or injury, I agree on behalf of myself, my child's other parent if known or living (name of parent) _____ the children named below, or our heirs, successors, and assigns, to hold harmless and defend the Archdiocese of Galveston-Houston, Sacred Heart of Jesus Catholic Community (its pastor or any representative of Faith Formation and Youth Ministry), unless the parties involved were careless and negligent.

Signature of Parent /Guardian _____ Date _____

VIDEO /PHOTOGRAPH CONSENT

As parent /guardian, I understand that promotional pictures and videos (individual and group) may be taken during Faith Formation classes or Youth Ministry activities. I give permission for my child's pictures (named below) to be used for church promotional materials such as newsletters, web pages, calendars, Power Point presentations, or videos to promote or highlight these classes or activities. My child's name will not be released without further consent.

Signature of Parent /Guardian _____ Date _____

PRINT HERE THE NAMES OF ALL THE CHILDREN ON THE REGISTRATION FORM

1 _____ (____) _____	4 _____ (____) _____
Grade	Grade
2 _____ (____) _____	5 _____ (____) _____
Grade	Grade
3 _____ (____) _____	6 _____ (____) _____
Grade	Grade

CONSENT & LIABILITY WAIVER

I AM THE PARENT OR LEGAL GUARDIAN OF THE CHILD OR CHILDREN NAMED ABOVE. I HAVE READ THE FAITH FORMATION & YOUTH MINISTRY POLICIES AND GUIDELINES OR HAVE HAD THEM READ TO ME. I FULLY UNDERSTAND AND ACCEPT THESE POLICIES AND GUIDELINES KNOWINGLY, FREELY AND WILLINGLY.

Primary Contact Number (____) _____ - _____ Alternate Number (____) _____ - _____

Evening Number, if different from above (____) _____ - _____

Parent's Printed Name _____

Signature of Parent /Guardian _____ Date _____