

Sacred Heart-Registration for Faith Formation Classes- 1st through 8th Grades 2017-2018

Household/Family Last Name: _____ Phone#: _____

Address: _____ City: _____ (zip code) _____

Father: _____ Religion: _____ Cell#: _____

Mother: _____ Religion: _____ Cell: _____

Family E-mail: _____

Are you a member of Sacred Heart? YES NO If not, where are you registered? _____

Emergency Contact: _____ Phone #: _____ Relationship: _____
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Child's Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Please circle all Sacraments that this child has received: Baptized First Eucharist First Reconciliation

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Child's Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Please circle all Sacraments that this child has received: Baptized First Eucharist First Reconciliation

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Child's Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Please circle all Sacraments that this child has received: Baptized First Eucharist First Reconciliation

Is there any medical information that we should be aware of for the above child(ren) ?

\_\_\_\_\_

I give permission: for my child(ren)'s photograph and /or video and Art Work to be taken in the class and to be displayed within the Church and in Church publications/website \_\_\_yes no\_\_\_

I give permission: for my name, address, phone, e-mail to be placed on a class list and distributed to parents of the children in that class \_\_\_yes no\_\_\_

I give permission: for first aid to be given to my child/ren if needed by a staff member yes\_\_\_ no\_\_\_

\_\_\_\_\_

**Health Insurance Data:**

Company Name: \_\_\_\_\_ Contract # \_\_\_\_\_

Policy Number: \_\_\_\_\_ GROUP # \_\_\_\_\_

Family Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

As legal guardian, I hereby authorize first aid/medical treatment for the child/children named on this form in the event of an emergency which may endanger his/her life or cause undue discomfort if delayed. It is understood that efforts will be made to contact the person listed on this form as soon as reasonably possible. In the event that the aforementioned requires my authorization for treatment and I cannot be reached in an emergency, I hereby give my permission to the physician selected by the DRE to hospitalize, secure medical treatment, and/or an injection, anesthesia or surgery for the aforementioned as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by the parish and its agents during education programming. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold St. Thomas Parish, its leaders, employees, drivers, volunteers, or the Roman Catholic Diocese of Grand Rapids liable for damages, losses, or injuries by the aforementioned.

**Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Fee for any Registration Form

\_\_\_\_\_ **\$30.00 per child** \_\_\_\_\_ **\$90.00 Family Maximum**

**Office use**

**Date Registration Received** \_\_\_\_\_ **Amount Due** \_\_\_\_\_

**Cash** \_\_\_\_\_ **Check#** \_\_\_\_\_ **Amount Paid** \_\_\_\_\_