

Faith Formation Program - Registration Information 2008-09

Child's Name:		Home Phone:	
Address:		City:	State: Zip:
Home E-Mail:			
Gender:	Date of Birth:	Age:	School in Fall:
In Case of Emergency Call:			Phone:

Parent:	Work Phone:	Cell:	Pager:
Parent:	Work Phone:	Cell:	Pager:
Address:		City:	State: Zip:
		Phone:	E-Mail:

Parent:	Work Phone:	Cell:	Pager:
Parent:	Work Phone:	Cell:	Pager:
Address:		City:	State: Zip:
		Phone:	E-Mail:

Program Registration for Fall of 2008

Program:	Day:	Grade:	Time:
<i>First Choice:</i>			
<u>Youth Ministry (YM) - friend request:</u>			
<i>Second Choice:</i>			

BLESSED SACRAMENT MEDICAL INFORMATION/RELEASE FORM

As parent(s) or legal guardian(s) of: _____
 A minor, age _____ born on (birth date) _____, I (we) give the Blessed Sacrament designated adult supervisor permission to authorize medical treatment for my son/daughter as needed. I further consent that as parent or legal guardian I remain fully responsible for any legal responsibility that may result from any personal action taken by the named participant. I also understand and give permission for my youth to meet in a small group that may meet in a parishioner's home.

List allergies and other medical info: _____

Medicine son/daughter is now taking: _____

List special needs: _____

Family Physician: _____ Phone: _____

Health Insurance Company: _____

Policy/Contract Number : _____

Parent (Guardian) signature: _____ Date: _____

COPY IS VALID AS ORIGINAL

Registered parishioner of Blessed Sacrament: Yes No
 Registered parishioner of another catholic parish Yes No Parish: _____

Registration Fee:

\$35 per Child

\$100 maximum for families

No Fees for people who volunteer in the educational segment of our Faith Formation Program

_____ Volunteering/No Fee _____ Scholarship/No Fee _____ Bill Me Amount Paid: _____