

## Children's Faith Formation & Youth Ministry - Registration Information 2020-2021

Child's Name:		Home Phone:	
Address:	City:	State:	Zip:
Preferred E-Mail (checked on a regular basis):			
Gender:	Date of Birth:	Age:	School in Fall 2020:
In Case of Emergency Call:			Phone:

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

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

<p><b><u>Children's Faith Formation:</u></b></p> <p><b><u>Day - Sunday</u></b> 9:45 – 10:45</p> <p><b><u>Grade - Circle one:</u></b></p> <p>PreSch (4yr)</p> <p>K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup></p>	<p><b><u>Youth Ministry - Sunday Evening</u></b></p> <p><b><u>Grade - Circle one:</u></b></p> <p>6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> - 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup></p> <p><b><u>YM Friend Request</u></b></p> <p>First Choice:</p> <p>Second Choice:</p>
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**Sacramental Registration for 2020-21**    **Mark (x) if Sacrament is NEEDED 2<sup>nd</sup> -12<sup>th</sup> Grade**

Baptism       Reconciliation       Confirmation/First Communion       Confirmation

**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, or St. Brigid Parish, or Assumption BVM Parish.

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**

**I am a Registered Parishioner of (please circle):**

Blessed Sacrament    St Brigid    Assumption BVM    Other Parish (please print) \_\_\_\_\_

**Registration Fee:** \$50 per child / \$120 for families with 3 or more children.    **Registration Deadline: Aug 18, 2020**

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

\_\_\_ Volunteering/No Fee    \_\_\_ Scholarship/No Fee    \_\_\_ Bill Me    \_\_\_ E Payment (on-line)    \_\_\_ Cash    \_\_\_ Check    \_\_\_ Credit Card  
 Amount Paid: \_\_\_\_\_