

St. Maximilian Kolbe Parish / Faith Formation Registration, grades 1-12

Family last name: _____ DATE _____

Mother's (Maiden) name: _____ Cell phone #: _____
(First) (Last)

Father's name: _____ Cell phone #: _____
(First) (Last)

Primary address: _____ Home phone #: _____
(Street) (Town) (Zip)

Email address: _____

Child's name: _____ Age: _____ DOB: _____ Grade (Sept. '16): _____

Baptism: _____
(Year) (Month) (Church where baptized)

Please indicate if you would like this child to prepare for and celebrate any sacrament(s) in the coming year. Information about parent meeting will be sent to you. First Penance MUST be celebrated before First Eucharist.

____ First Reconciliation ____ First Eucharist (grade 2) ____ Confirmation (grade 8)

Please list any allergies, dietary restrictions, or other information you believe we should know about your child:

Child's name: _____ Age: _____ DOB: _____ Grade (Sept. '16): _____

Baptism: _____
(Year) (Month) (Church where baptized)

Please indicate if you would like this child to prepare for and celebrate any sacrament(s) in the coming year. Information about parent meeting will be sent to you. First Penance MUST be celebrated before First Eucharist.

____ First Reconciliation ____ First Eucharist (grade 2) ____ Confirmation (Grade 8)

Please list any allergies, dietary restrictions, or other information you believe we should know about your child:

Child's name: _____ Age: _____ DOB: _____ Grade (Sept. '16): _____

Baptism: _____
(Year) (Month) (Church where baptized)

Please indicate if you would like this child to celebrate any sacrament(s) in the coming year. Information about parent meeting will be sent to you. First Penance MUST be celebrated before First Eucharist.

____ First Reconciliation ____ First Eucharist (grade 2) ____ Confirmation (grade 8)

Please list any allergies, dietary restrictions, or other information you believe we should know about your child:

FOR ANY ADDITIONAL CHILDREN, PLEASE PROVIDE INFORMATION ON A SEPARATE SHEET OF PAPER

EMERGENCY CONTACTS ~ used only if parent cannot be reached in the event of an emergency.

#1 Name: _____ Relationship: _____

Address: _____ Phone #: _____

#2 Name: _____ Relationship: _____

Address: _____ Phone #: _____

PART 1 HOSPITALIZATION COVERAGE FOR THE ABOVE NAMED CHILD/CHILDREN

Insurance company or other program: _____

Family Physician Name & Phone #: _____

Hospital preferred: _____

I/We, being the parent(s) or legal guardian(s) of the above named child/children, appoint the designated parish faith formation facilitator to act in my/our behalf in authorizing necessary emergency medical, dental, surgical care, and hospitalization necessary to protect the child's life or health while he/she is participating in any parish faith formation activity occurring September 14, 2014 through May 17, 2015.

Signature of Parent/Guardian: _____ Date: _____

PART 2 REFUSAL TO CONSENT (COMPLETE THIS PART ONLY IF YOU DO NOT CONSENT TO EMERGENCY TREATMENT

I DO NOT give my consent for emergency medical treatment of my child/children. In the event of illness or emergency treatment being required, I wish the Faith Formation authorities to take **NO ACTION** or to follow these instructions:

AUTHORIZATION FOR PHOTO RELEASE

We love to highlight our children and their families when we have our faith formation events. We appreciate the opportunity to use photographs on our website, Facebook page, and bulletins from time to time.

Please check (yes or no)

YES! I do consent to the use and reproduction of photography taken during Faith Formation Activities in which my child/children are reasonably identifiable.

NO! I do not consent to the use of any photography in which my child/children are reasonably Identifiable.

Would you be willing to help in some way in our faith formation program? (Circle) Y or N

Signature of Parent/Guardian _____ Date: _____