

2018 St Joseph, Cabot 2019 Children's Faith Formation

Child's Name _____
(First) (Middle) (Last)

Date of Birth _____ Grade as of Sept. 1, 2018 _____ Male ___ Female ___

Primary Family Email _____ Home Phone _____

Family Address _____

City & State _____ Zip Code _____



Love. Grow. Serve.

PARENT/GUARDIAN INFORMATION

Mother/Guardian's Information

Name _____ Maiden Name (Required) _____

Cell# _____ Email _____

Religion _____ Relationship to Child (if not parent) _____

Father/Guardian's Information

Name _____

Cell# _____ Email _____

Religion _____ Relationship to Child (if not parent) _____

☆ **All children are required to have at least 2 years of Faith Formation before receiving their Sacraments** ☆

SESSIONS (Check One)

CFF PRE-K – 2 ND GRADE CATECHESIS OF THE GOOD SHEPHERD	SUNDAY 9:15-10:45 AM <input type="checkbox"/>	MONDAY 6-7:30 PM <input type="checkbox"/>
CFF 3- 5 GRADE	<input type="checkbox"/>	
CFF HOME SCHOOL	<input type="checkbox"/>	GRADE LEVEL FOR 2018-19 SCHOOL YEAR _____

(PLEASE COMPLETE OTHER SIDE)

SACRAMENT VALIDATION

Was this child...

- Baptized at St. Joseph, Cabot? Yes No
- Baptized in the Catholic Church? Parish: _____ Yes No
- ~If not, was your child baptized in another faith? Yes No
- Received First Holy Communion/Eucharist? Yes No
- Received First Reconciliation/Confession? Yes No
- Confirmed in the Catholic Church? Yes No

REGISTRATION FEE

Please include the \$50 materials fee with this form. The materials fee covers the cost of curriculum and supplies throughout the year. If this payment presents a hardship for your family, please notify the Director of Religious Education. **No child will ever be turned away due to financial hardship.**

Check – Amount: \$ _____ Check # _____ *Make checks payable to “St. Joseph Church”*

MEDICAL INFORMATION

In case of emergency, please contact:

Name _____ Phone _____ Relationship _____

- Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, emotional problem, or any other reason?

NO _____ YES _____ List: _____

- Does your child have any Special Needs (including, but not limited to ADD, ADHD, Schizophrenia, Bipolar, etc.)? NO _____ YES _____ List: _____
- Describe any allergy, chronic illness or other conditions: _____
- Does your child take any medications? NO _____ YES _____ List: _____

MEDICAL AUTHORIZATION

In the event of any injury or illness to my/our child during his/her participation in this program, I/we hereby give my/our permission for the necessary medical treatment to be given to my/our child. I/we, for myself/ourselves, for my/our child, our respective heirs, and my/our respective legal representatives, do hereby indemnify and hold harmless any representative of St. Joseph Catholic Church and from any and all claims, demands, and courses of action of whatever kind and nature for their actions taken pursuant to this authority.

- I/we agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to the Director of Religious Education, St. Joseph Church, the Catholic Institute or the Roman Catholic Diocese of Pittsburgh for payment of any medical costs or injury related costs.

Signature: _____ Date _____

PHOTOGRAPH/VIDEO/IMAGE RELEASE

I grant to St. Joseph Church the right to take photographs of my child in connection with Children’s Faith Formation. I authorize St. Joseph Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that St. Joseph Church may use such photographs of my child with or without their name and for any lawful purpose, including such purposes as publicity, illustration, advertising, and Web content.

Signature: _____ Date _____