



Family & Child Information Form

Family Information:

Father's Name (First and Last): _____

Mother's Name (First and Last): _____

Preferred Mailing Address: _____

City/State/Zip: _____

Preferred Phone Number: _____

Preferred E-mail Address: _____

E-mail is the primary method of communication. Please make sure that it is provided and up to date.

Child Information:

Please fill out for each child you are signing up for Sunday Program and/or Sacramental Preparation for First Reconciliation and First Communion.

Child's Name (First and Last): _____ M F

Birthday: _____ School: _____ Grade Entering: _____

Sacrament(s) Received: Baptism Reconciliation Eucharist

Child's Name (First and Last): _____ M F

Birthday: _____ School: _____ Grade Entering: _____

Sacrament(s) Received: Baptism Reconciliation Eucharist

Family Last Name: _____

Child's Name (First and Last): _____ M F
Birthday: _____ School: _____ Grade Entering: _____
Sacrament(s) Received: Baptism Reconciliation Eucharist

Child's Name (First and Last): _____ M F
Birthday: _____ School: _____ Grade Entering: _____
Sacrament(s) Received: Baptism Reconciliation Eucharist

Sacramental Preparation

Please refer to the Children's Ministry Handbook for more information on the Sacramental discernment and preparation process at the Basilica.

Will your child/children be entering the 2-year Sacramental Preparation process for First Reconciliation and First Communion? YES NO

Name(s) of Child(ren): _____
Is yes, which Sacrament are they preparing to receive? First Reconciliation (Year 1)
 First Communion (Year 2)

Emergency Contact Information:

Emergency Contact Name: _____

Relationship to Family: _____

Phone Number(s): _____

Medical Information:

Family Physician: _____ Phone: _____

Allergies:
Please list the name(s) and allergies that your child/children have: _____

Family Last Name: _____

Name(s) of Current Medication(s):

Please list the name(s) and current medication(s) along with the reason for taking that your child/children have:

Any other conditions that are important for the CORE Team to know?

In the event of an emergency, I consent to have my child given emergency care or medical treatment as needed until I can be reached. I will be responsible for medical costs incurred in the event of an accidental injury.

Signature of Parent or Guardian: _____ **Date:** _____

Photo Release Consent:

Yes, I consent to the to the use by the Basilica of St. Josaphat of any video, photograph, website, or audio reproduction in which my child/children or I may appear. I release the staff, volunteers, etc. of the Basilica of St. Josaphat from any liability connected with the use of my child's/children's picture or voice recording as part of the activities held at the Basilica of St. Josaphat during the 2019-2020 school year.

No, I do not consent to the use of any video, photograph, website, or audio reproduction in which my child/children may appear.

Parent/Guardian's Printed Name _____

Signature: _____ **Date:** _____

Parental Involvement:

YES! I am interested in learning more about being a:

- Large Group Leader**
- Small Group Leader**
- Set-Up/Take Down/Craft Minister**
- Substitute Leader/Floater**
- Sacramental Preparation Team Member**