

Parish of the Precious Blood Faith Formation Registration Form

Holy Rosary St Denis St Mark's St Mary's

Family (Last) Name _____ **Date** _____
 Parent(s) (Guardian's) Mailing Name _____
 Mailing Address _____ Town _____ Zip _____
 Home Telephone _____ E-Mail _____
 Father's First Name _____ Father's Religion _____
 Mother's First Name _____ Maiden Name _____ Mother's Religion _____
 Father's Work Phone _____ Mother's Work Phone _____
 Emergency Contact _____ Emergency Phone _____

I, _____ hereby give authorization to the faith formation staff to obtain treatment for my child in case of sudden illness or accident (Date) _____

I hereby grant permission for my child to be photographed and/or videotaped during Faith Formation activities and events. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published for the purpose of promoting Faith Formation programs at THE PARISH OF THE PRECIOUS BLOOD. Name (PLEASE PRINT) _____
 Signature _____ Date _____

If you are not registered at your church, please ask for a registration form today.

First Child		
Last Name _____	First Name _____	Date of Birth _____
School _____	School Grade (Fall '11) _____	Rel. Ed. Grade _____
Church of Baptism _____	Town/State/Zip _____	
Confirmation (yes/no) _____	First Penance (yes/no) _____	First Eucharist (yes/no) _____
COMMENTS/Special Needs/ Allergies _____		
Youth: e-mail address _____	Youth Cell# _____	Text (Yes/No) _____
Second Child		
Last Name _____	First Name _____	Date of Birth _____
School _____	School Grade (Fall '11) _____	Rel. Ed. Grade _____
Church of Baptism _____	Town/State/Zip _____	
Confirmation (yes/no) _____	First Penance (yes/no) _____	First Eucharist (yes/no) _____
COMMENTS/Special Needs/Allergies _____		
Youth: e-mail address _____	Youth Cell # _____	Text (Yes/No) _____
Third Child		
Last Name _____	First Name _____	Date of Birth _____
School _____	School Grade (Fall '11) _____	Rel. Ed. Grade _____
Church of Baptism _____	Town/State/Zip _____	
Confirmation (yes/no) _____	First Penance (yes/no) _____	First Eucharist (yes/no) _____
COMMENTS/Special Needs/Allergies _____		
Youth: e-mail address _____	Youth Cell # _____	Text (Yes/No) _____

Registration Fee: \$25.00 per child – Maximum family fee: \$50.00
 No child will be turned away because of inability to pay fee.