

**PARISH OF THE HOLY FAMILY**

FAITH FORMATION REGISTRATION FORM 2019-2020

Child's Last Name \_\_\_\_\_

**(PLEASE PRINT)**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
*Last First Middle*

Date of Birth \_\_\_\_\_ School Attending \_\_\_\_\_ Grade in Fall '19 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phones: Home \_\_\_\_\_ Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

E-Mail Address(es) \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_  
*First Last*

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_  
*First Maiden Last*

Student lives with:  Both Parents  Mother  Father  Guardian

Parent's Address if Different from Student's \_\_\_\_\_

PLEASE PERSONS, IF ANY, WHO DO NOT HAVE PERMISSION TO PICK UP YOUR CHILD: \_\_\_\_\_

**FAITH FORMATION PROGRAMS FOR CHILDREN & TEENS**

**Please check the program for which you are registering:**

\_\_\_\_\_ (Grades K - 6) Two Week Summer Program, July 8 – 19, 2019, 8:30AM-Noon,  
including family sessions during the year, located at St. Jude Faith Formation Center

\_\_\_\_\_ (Grades K - 8) Faith Formation Program, Two Sundays / Month in St Jude Faith Formation Center,  
9:45-11:15AM

\_\_\_\_\_ (Grades 7 - 8) Jr. High, Wednesdays, 7:00-8:30PM in Holy Ghost Nellis Hall

\_\_\_\_\_ (Grades 9 - 12) Sr. High, Sundays, 10:00-11:30AM in Holy Ghost Nellis Hall

Has your child ever attended a faith formation program? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, where \_\_\_\_\_  
Church where baptized \_\_\_\_\_

**For our records, PLEASE BRING IN A COPY OF BAPTISMAL CERTIFICATE IF STUDENT:**

**-was not baptized at Holy Ghost, St. Helen, or St. Jude**

**-is registering in this program for the first time**

**HEALTH INFO** Please list any physical and/or learning needs, and health concerns (including food allergies and medications) that we should know about (please write **NONE** if applicable):

**EMERGENCY INFORMATION** in case of an emergency **if parent cannot be reached?**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Health Insurance Co. \_\_\_\_\_

Subscriber Name \_\_\_\_\_ Policy # \_\_\_\_\_

Physician/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

In signing this registration form, I hereby certify that the information provided is correct, give permission for my child to be transported in privately owned vehicles for medical and other emergency purposes only, and give permission for the release of medical records to an attending physician in case of illness.

In case of medical emergency, I understand every effort will be made to contact the parents or guardian. In the event that I can not be reached, I hereby give permission to the physician to secure proper treatment for my child named herein. I understand that during a life-threatening situation, it may be necessary to immediately call an emergency response team (911).

**I also understand that enrolling my child in this Faith Formation program requires commitment and consistent attendance. I agree to enrich the faith of my child at home, including regularly attending Mass as a family.**

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**REGISTRATION FEES**

FAITH FORMATION (Grades K - 12):

\$50.00-One Child

\$90.00-Two Children

\$110.00-Three or more children

**Make checks payable to: "Parish of the Holy Family"**

PLEASE RETURN THE COMPLETED FORM & FEE ADDRESSED TO THE ATTENTION OF ONE OF THE FOLLOWING AT:

**PARISH OF THE HOLY FAMILY  
4100 LYELL RD, ROCHESTER, NY 14606**

Rose Dunning  
Director of Faith Formation and Youth Minister  
247-4322 x 140  
rdunning@dor.org