

PARISH OF THE HOLY FAMILY

PLEASE COMPLETE BOTH SIDES OF REGISTRATION FORM

FAITH FORMATION REGISTRATION FORM 2021-2022

Child's Last Name _____

(PLEASE PRINT)

Student's Name _____ Age _____ Male ___ Female ___
Last First Middle

Date of Birth _____ School Attending _____ Grade in Fall '20 _____

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 _____

LIST ANYONE WHO DOES NOT HAVE PERMISSION TO PICK UP YOUR CHILD

<p>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):</p> <p>Name _____ Phone _____</p> <p>Relationship to Child _____ Health Insurance Co. _____</p> <p>Subscriber Name _____ Policy # _____</p> <p>Physician/Clinic _____ Phone _____</p> <p>_____</p> <p>_____</p> <p>EMERGENCY INFORMATION in case of an emergency if parent cannot be reached?</p> <p>_____</p>

FAITH FORMATION PROGRAMS FOR CHILDREN & TEENS

Please check the program for which you are registering:

_____ (Grades K - 6) Two Week Summer Program, July 12-23, 2021, 8:30AM-Noon,
including family sessions during the year, located at Parish of the Holy Family Parish Life Center

_____ (Grades 7 - 12) Jr. & Sr. High, Sundays, 10:00-11:30AM located at Parish of the
Holy Family Parish Life Center

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**

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

BY FEBRUARY 1, 2021 TO:

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

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