

NATIVITY CATHOLIC CHURCH

FAITH FORMATION/RELIGIOUS EDUCATION REGISTRATION FORM

FOR OFFICE USE ONLY

Today's Date: _____
Family Name: _____
Address: _____
City: _____ Zip: _____
Home Phone: () _____ Unlisted? Y N
When sending mail, address to (choose one)?
Mr./Mrs. Mr. Mrs. Miss Dr./Mrs. Mr./Dr. Other: _____
Registered in this Church? Y N NEW-- If yes, what is your envelope number? _____

Amount Due: _____
Amount Paid: _____
Cash/Check#: _____
Catechist Disc: _____
Balance Due: _____

PARENTS/GUARDIANS

Relationship to child: _____ Relationship to child: _____
Name: _____ Name: _____
If Mother, Maiden Name: _____ If Mother, Maiden Name: _____
Business Phone: _____ Business Phone: _____
Cell Phone: _____ Cell Phone: _____
Email: _____ Email: _____
Religion: _____ Religion: _____
Marital Status: _____ Marital Status: _____
I am interested in helping with Rel Ed by: _____ I am interested in helping with Rel Ed by: _____

During Religious Education, where can you be reached? _____ Cell Phone: _____
EMERGENCY CONTACT(OTHER THAN YOURSELF) _____ PH# _____

STUDENT INFORMATION

Student Name: _____
Last First Complete Middle

Sex: Male Female
School Grade 09/10
School: _____
Birth Date: _____
Birth Place: _____

Attended Rel Ed or Catholic School last year? Y N
Rel Ed Grade: _____

CHOOSE SESSION

Wed 6:30pm-7:45pm
Sun 8:30am-10:00am

Date
Yes / No Baptism ___/___/___
Yes / No 1st Penance ___/___/___
Yes / No 1st Communion ___/___/___
Yes / No Confirmation ___/___/___

Location OF BAPTISM (Church name and complete address)
If military baptism, what is the military number? _____
NAME OF CHURCH , City and State

Does your child have any special needs? _____ Language spoken at home (other than English): _____
If student is not living with his or her birth mother and/or father, please enter the following
Birth Father: _____ Birth Mother: _____ Maiden: _____

Medical Release and Parent Acknowledgement - NATIVITY CATHOLIC CHURCH – 2009/2010

The following information must be completed and the form returned to the office of Faith Formation with your registration before classes begin.

CHILD NAME: _____ MEDICAL INFORMATION (ALLERGIES, ETC. OF WHICH WE SHOULD BE
AWARE) _____ WHERE CAN YOU BE REACHED DURING RELIGIOUS
EDUCATION? _____ PHONE # _____

EMERGENCY CONTACT/PHONE # _____

In the event of an emergency where the parent cannot be reached the child will be taken to the nearest medical facility. I (we) authorize any representative of Nativity Catholic Church to seek medical treatment for my child.

PARENT/GUARDIAN SIGNATURE _____

PRINT PARENT NAME _____ DATE _____

Please read and initial each section below:

_____/I/We understand that religious, spiritual formation of the family takes place when we gather as a Catholic community to worship. As part of my responsibility for the religious education of my children, I commit and promise that my family will regularly attend Sunday Mass.

_____/I/We understand that it is my responsibility to familiarize myself with the policies, procedures and session dates for the parish Faith Formation program in which I am registering my child/ren. I commit to making sure that I receive a copy of the Student/Parent Handbook published by the Faith Formation Office at the beginning of the program year. I understand that the policies and dates are subject to change upon written notification by the Faith Formation Directors.

_____/I/We as parents of child/ren registered in Nativity Parish Faith Formation understand that we have a responsibility to provide for the adequate financial support of this parish program. I/We commit to providing 4 hours of volunteerism to support the Novemberfest fund raising effort that assists in generating the money necessary to support the yearly Faith Formation budget. If I/We are unable to provide volunteer hours, I understand I will be assessed a fee of \$10./per hour not worked, payable by January 1, 2010.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PUBLICITY RELEASES/PHOTOS: From time to time, publicity releases for newspapers, television, and other media may be prepared about events occurring at the parish. These may or may not be accompanied by photos or videotape of students. The releases may be prepared by Nativity Parish or a media representative. I do _____ do NOT _____ give permission for my student(s) name and likeness to be included in such publicity releases.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____