

Faith Formation Registration

Family name(s): _____
 Address: _____
 City/Zip code: _____

Home Phone: _____
 School District: _____

Father's Name: _____
 Address: _____

Religion: _____
 Cell Phone: _____

Mother's **Maiden** Name: _____
 Address: _____

Religion: _____
 Cell Phone: _____

Emerg Contact 1: _____
 Emerg Contact 2: _____

Phone: _____
 Phone: _____

Is your family currently registered with St. Francis Xavier Church? Yes: _____ No: _____

Sacraments – Please include approximate date and church where Sacrament was received.

Children's name	DOB	Baptism DATE/ CHURCH	First Eucharist DATE/ CHURCH	Confirmation DATE/ CHURCH

Amount paid/ CK #: _____ Date: _____
 Amount paid/ CK #: _____ Date: _____
 Amount paid/ CK #: _____ Date: _____
 Amount paid/ CK #: _____ Date: _____

Reviewed by: _____ Permanent record completed by/date: _____

Health History & Medical Release for Parish Activities

Child's Name _____

Family Doctor: _____ Telephone: _____

Immunizations including:

Tetanus, Measles, Mumps, Polio, Chicken Pox, Rubella, TB, Hepatitis

Up to date? YES _____ NO _____

Special information: (please check all that apply)

Fainting__ Dizziness__ Blackouts__ Asthma__ Seizures__

Kidney problems__ Frequent nose bleeds__ Frequent colds__ Diabetes__

Severe Headaches__ Severe homesickness__ Behavioral Problems__

Additional information regarding health issues: _____

Allergic reactions: (please list all known allergies)

Physical\Mental limitations: (indicate any other medical or emotional problems pertinent to your child)

Current medications: (Unless pre-authorized, medication should be administered by parent/caregiver prior to arrival at St. Francis Xavier)

PERMISSION FOR EMERGENCY TREATMENT:

In case of emergency, I hereby give permission to transport my child to the nearest hospital/emergency center for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.

Signature of Guardian: _____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

Family insurance provider: _____

NOTARY SIGNATURE: _____

{Notary Seal}

(Notary only needed in special circumstances)

The Catholic Community of St Francis Xavier
Photo release & Youth Social Media Permission Form

I understand that The Catholic Community of St. Francis Xavier, Otisville, MI has created a **Website, Facebook, (St. Francis Xavier Catholic Church), and uses Instant Messaging/Texting** to facilitate Faith-based communication by the Youth Minister and/or Catechists with parents and their children. As more social media develops, we will be adding it to our program as needed.

I also understand that pictures may be taken during Parish activities, and published in the bulletin, on the web site **and/or Face book page (St Francis Xavier Catholic Church) with first names included.**

If permission is granted, it will remain in effect until revoked in writing to the St. Francis Xavier Faith Formation Education Office.

By signing this I agree to the terms and conditions stated above.

Print (Parent/Guardian): _____

Parent/Guardian Signature: _____

Student Name(s): _____

Date: _____