

Sacred Heart Catholic Church – Crosby, TX
 Faith Formation
 Student Registration Form 2016 ~ 2017

New Registration

Re-Registration

Student Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Gender: Male / Female 2016-2017 School Grade _____

Did student attend Faith Formation last year? (Please circle what applies) Yes No Parish or Catholic School

Name of the Parish or Catholic School? _____

Home Address _____ City _____ Zip Code _____

Home Phone Number _____ Email: _____

Has your child celebrated his/hers Sacraments? If yes, name of the Church. Please provide proof of the Sacraments Celebrated

Baptism Yes / No Confirmation Yes / No

First Reconciliation Yes / No First Eucharist Yes / No

Are there any special medical needs, custodial issues, special instructions that we should be aware of? Please explain: _____

Father's Name _____ Cell phone _____ Email: _____

Mother's Name _____ Cell phone _____ Email: _____

Child lives with: Father Mother Step-Father Step-Mother Other _____

Is your family an active member of Sacred Heart Catholic Church? Yes No

If no, what parish do you attend? _____

In case of an Emergency who can we contact (Other than Parents)

Name _____ Relationship with student _____ Phone Number _____

Name _____ Relationship with student _____ Phone Number _____

OFFICE USE ONLY

Sacraments 2016-2017 ___ Baptism ___ Eucharist ___ Confirmation ___ RCIA	Faith Formation \$ _____ Sacramental Prep. \$ _____ Total \$ _____ Received by _____	Amount Pay \$ _____ Payment Date _____ Receipt # _____
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Consent & Liability Waiver

I grant permission for my child, (participant's name), _____ to participate in Faith Formation to be held on the days according to the Faith Formation Calendar at Sacred Heart Catholic Church. I agree on behalf of myself, my child's other parent if known or living (name other of parent), _____, my child named herein, or our heirs, successors, and assigns and defend the Archdiocese of Galveston-Houston, the sponsoring parish (its pastor, ministry leader, principal, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless and negligent. In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.

Signature of Parent /Guardian _____ Date _____

Medical Consent

In the event of an emergency, I hereby give permission to the staff of Sacred Heart Catholic Church to seek emergency medical transport or treatment for my child named below. I will be responsible for costs incurred.

I wish to be advised before further care is given by the hospital or doctor.

Family Doctor _____ Phone (____) _____ - _____

List medical conditions, medications, and life-threatening allergies on the registration form.

In the event of any accident or injury, I agree on behalf of myself, my child's other parent if known or living (Name of parent) _____ my child, or our heirs, successors, and assigns, to hold harmless and defend the Archdiocese of Galveston-Houston, its pastor or any representative of Faith Formation Program and Youth Ministry.

Signature of Parent /Guardian _____ Date _____

Video / Photograph Consent

As parent /guardian, I understand that promotional pictures and videos (individual and group) may be taken during Continuing Christian Education classes or Youth Ministry activities. I give permission for my child's pictures (named below) to be used for church promotional materials such as newsletters, web pages, calendars, Power Point presentations, or videos to promote or highlight these classes or activities.

Signature of Parent /Guardian _____ Date _____

Sacred & Safe Program

Consistent with Galveston-Houston Archdiocesan policy, Sacred Heart Catholic Church will conduct the Sacred and Safe training as part of the religious education curriculum. A meeting will be held before the class is conducted to provide parents an opportunity to review the materials.

Yes, I give consent for my child to participate in the Sacred and Safe program.

No, I do not give consent for my child to participate in the Sacred and Safe program.

Signature of Parent /Guardian _____ Date _____