

Faith Formation Family Registration 2020-2021

Names of child (children): _____ Date: _____

Family Name: _____

Family Home Address: _____ Zip Code: _____

Parent's First & Last Name: _____

Parent's Home#: _____ Parent's Work#: _____

Parent's Cell#: _____ Text: Yes _____ No _____

Home email address: _____

Work email address: _____

Parent's Language: _____ English _____ Spanish _____ Bilingual _____ Other _____

Would you like to volunteer? Yes _____ No _____

Parent's First & Last Name: _____

Parent's Home#: _____ Parent's Work#: _____

Parent's Cell#: _____ Text: Yes _____ No _____

Home email address: _____

Work email address: _____

Parent's Language: _____ English _____ Spanish _____ Bilingual _____ Other _____

Would you like to volunteer? Yes _____ No _____

Student(s) Lives with: _____ Parent _____ Parent _____ Both _____ Other _____

How many years in Religious Education classes? _____ What Parish: _____

What school does your child attend? _____ Grade: _____

2 Emergency Contacts (other than Parents):

Name: _____ Phone#: _____ Relationship: _____

Name: _____ Phone#: _____ Relationship: _____

Medical Release Statement

My child is in the care of **St. Anthony de Padua Catholic Church** for the purpose of Faith Formation program and children/youth ministry. I am giving medical permission and consent to treat. To the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

If you are unable to reach me, please contact: _____

Relationship to me or my son/daughter: _____

Primary Phone: () _____ Alternate Phone: () _____

Child Name: _____

My child is allergic to the following: _____

My child's immunizations are current and up to date: Yes _____ No _____

My child has the following limitations: _____

My child is taking the following medications: _____

Child Name: _____

My child is allergic to the following: _____

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Child Name: _____

My child is allergic to the following: _____

My child's immunizations are current and up to date: Yes _____ No _____

My child has the following limitations: _____

My child is taking the following medications: _____

Insurance Carrier: _____ **Policy Number:** _____

Parent/Guardian Signature

Date

2020-2021

Photo/Video Release

We will be taking pictures and video of children/youth ministry during parish activities and events. There will be used for the purpose of promoting Faith Formation and/or children/youth ministry programs at St. Anthony de Padua Catholic Church.

Child: _____

_____ **Yes**, pictures & video **May** be taken of my child.

_____ **No**, Pictures & video **May Not** be taken of my child.

Child: _____

_____ **Yes**, pictures & video **May** be taken of my child.

_____ **No**, Pictures & video **May Not** be taken of my child.

Child: _____

_____ **Yes**, pictures & video **May** be taken of my child.

_____ **No**, Pictures & video **May Not** be taken of my child.

Child: _____

_____ **Yes**, pictures & video **May** be taken of my child.

_____ **No**, Pictures & video **May Not** be taken of my child.

Parent/Guardian Liability Waiver

I grant permission for my child to participate in Faith Formation or children/youth ministry events under the guidance and direction of employees and/or volunteers from St. Anthony de Padua Catholic Church. As parent/legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child, our heirs, successors, and assign to hold harmless and defend **St. Anthony de Padua Catholic Church**, its staff, volunteers, and the Archdiocese of San Antonio from any liability for illness, injury, or death arising from or in connections with my child attending Faith Formation or children/youth ministry events.

Parent/Guardian Signature

Date

2020-2021