

## *St. John the Beloved – Faith Formation Registration*

<b>Last Name</b>		<b>Home Telephone</b>	
<b>Address</b>		<b>Subdivision</b>	
<b>City</b>		<b>Zip Code</b>	
<b>Mother's Name</b>		<b>Mother's Religion</b>	
<b>Mother's Email</b>		<b>Mother's Work Phone</b>	
<b>Father's Name</b>		<b>Father's Religion</b>	
<b>Father's Email</b>		<b>Father's Work Phone</b>	
<b>Registered in Parish</b>	Yes ___ No ___	<b>To participate in these programs, parish registration is mandatory.</b>	

List Oldest Child First

Child's First Name	Middle Name	Grade	School	Age	Birthdate	Church of Baptism

List child or children to receive a sacrament for year of 2011-12.  
You must provide a photocopy of Baptismal Certificate for sacraments.

Child's First Name	Sacrament

**Fees for Faith Formation 11-12**  
 6-12<sup>th</sup> Grade - \$15.00 ea. Child  
 K-5<sup>th</sup> Grade as follows:  
     1 Child - \$40.00  
     2 Children - \$70.00  
     3 Children - \$80.00  
 +\$10.00 for each additional child  
 \$20.00 sacrament book fee

Please circle any area you would like to volunteer:

- High School Ministry
- Middle School Ministry
- Substitute Catechist
- Substitute Assistant
- Office Help
- Family Nights

<b>Fee</b>	\$
<b>Paid</b>	\$
<b>Cash</b>	\$
<b>Check #</b>	
<b>Date</b>	/ /

**The information below is confidential.**

Does your child have any special needs due to a learning disability, physical disability, reading difficulty hearing impairment, emotional problem, or any other reason?

Name of Child: \_\_\_\_\_ Special Need: \_\_\_\_\_

Describe any allergy, chronic illness or other conditions: \_\_\_\_\_

Does this child take any medications?  Yes  No List: \_\_\_\_\_

My child has no special needs

In case of emergency, please contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**MODEL RELEASE STATEMENT**

I hereby grant permission for my child to be photographed and/or videotaped during ministry activities and events. I understand that my child may decline to be photographed and/or videotaped at any time.

I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting ministry and/or youth programs at St. John the Beloved.

Name (PLEASE PRINT) \_\_\_\_\_

(SIGNATURE) \_\_\_\_\_ (DATE) \_\_\_\_\_

I hereby decline to grant permission for my child to be photographed and/or videotaped during ministry activities and events. I have instructed my child to decline to be photographed and/or videotaped at all times.

I have further instructed my child to notify ministry coordinators and/or volunteers that he/she may not be photographed and or videotaped under any circumstances.

Name (PLEASE PRINT) \_\_\_\_\_

(SIGNATURE) \_\_\_\_\_ (DATE) \_\_\_\_\_