

Office use only

GRADE: _____

Parish ID #: _____

PLEASE FILL OUT ONE FORM PER CHILD

Sunday Family Formation

Little Lambs, 3 & 4-year-olds, Sunday

Sacramental Prep Sunday

Sacramental Prep Wednesday

Name of Student:

First: _____ Last: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birth date: _____ (mm/day/yr)

Grade: _____ School: _____

Student resides with:

___Mother

___Father

___Both

___Guardian

Please provide all of the following information for each parent/guardian. If same, mark SAA.

Mother's Name: _____ Father's Name: _____

Phone: _____ Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail: _____ E-mail: _____

Address: _____ Address: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Religion: _____ Religion: _____

SACRAMENTS CHILD HAS RECEIVED IN THE CATHOLIC CHURCH

Baptism:

Reconciliation:

Communion:

Date: _____

Date: _____

Date: _____

Church: _____

Church: _____

Church: _____

City: _____

City: _____

City: _____

State: _____

State: _____

State: _____

If your child was baptized in another faith tradition, what tradition was it in? _____

PRIOR RELIGIOUS EDUCATION

Parish School/s attended: _____ Grades completed: _____

Parish Religious Education: _____ Grades completed: _____

Home Catechesis (please list program used) _____

THE NORM IN OUR PARISH IS:

ALL STUDENTS WHO REGISTER FOR SACRAMENTAL PREPARATION MUST HAVE COMPLETED AT LEAST 2 YEARS OF PARISH RELIGIOUS EDUCATION PRIOR TO ATTENDING SACRAMENTAL PREPARATION CLASSES. THIS INCLUDES, BUT IS NOT LIMITED TO, FORMATION IN OUR PARISH SCHOOL KINDERGARTEN AND FIRST GRADE PROGRAM.

MEDICAL / DEVELOPMENTAL INFORMATION

ALLERGIES

Food: _____

Medication: _____

Environmental: _____

Other Medical Needs: (ADD/ADHD, seizures, etc.)

PLEASE DESCRIBE ANY OTHER SENSITIVITIES OR SPECIAL NEEDS THAT WE SHOULD BE AWARE OF SO THAT WE MAY BEST SERVE YOUR CHILD (extreme shyness, reading difficulties, etc.).

**Emergency Treatment Release Form
2011-2012**

If I, the parent/guardian, cannot be reached, I request that Valerie Scott, Pastoral Assistant for Faith Formation, act in the best medical interest of my child. In the event of an emergency that requires 911 to be contacted, I agree to assume all financial responsibility for the transportation of, as well as any, and all medical treatment deemed necessary by the attending physician. I understand that all efforts will be made to contact the parent/guardian before transportation occurs. I also understand that the number one goal of the Pastoral Assistant for Faith Formation is to seek any and all needed help immediately.

Signature of Parent or Guardian: _____

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Insurance Company: _____

Insurance ID #: _____ Group: _____

If a parent or guardian cannot be reached, please notify the following:

Name: _____ Phone: _____ Relationship: _____