**Church of Our Saviour Faith Formation Registration 2019-2020**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Family Last Name** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Circle one) **NEW STUDENT / RETURNING** Registered with Our Saviour’s Parish: **Yes / No**

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Primary Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

FATHER MOTHER

|  |  |
| --- | --- |
| First Name: Last Name: | First Name: Last Name: Maiden Name: |
| DOB: | DOB: |
| Marital Status:  \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_  Married Separated Divorced Divorced-Remarried Single Widowed | Marital Status:  \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_  Married Separated Divorced Divorced-Remarried Single Widowed |
| Religion: | Religion: |
| Phone: | Phone: |
| e-mail: | e-mail: |

**FEES:** **Grades PreK4 through 9th**  one child- $ 45 2 children - $ 80 family of 3 or more -$ 100

*Please turn in payment with this completed registration form*

Indicate if **THIS YEAR** will be the first year of Religious Formation for the child/children

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child's Name  \* if different last name  please include | *Lives with:*  Mom / Dad  Grandparent Guardian | RE  Grade | School  Grade | Name of School  Attending | Birthdate | Gender | *Parish of*  Baptism | *Parish of*  *First Communion* | Ministry  student currently serving in |
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*\*If child was baptized outside of Our Saviour’s Parish, please provide a copy of the Baptismal certificate.*

**LOCAL EMERGENCY CONTACT*:***  *In the event parents or legal guardians cannot be reached*

Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person(s) Authorized to pick up student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***For Office Use Only****: Date received\_\_\_\_\_\_\_\_\_ Staff Initials\_\_\_\_\_\_ Amount received\_\_\_\_\_\_\_\_\_* Cash Check #\_\_\_\_\_\_\_\_

*To ensure the best learning environment, Our Saviour’s Religious Education office needs to be aware*

*of the following medical information/special learning needs of your child.*

**SPECIAL MEDICAL / LEARNING NEEDS**

*Does your child take any medication? Yes / No*

*If Yes, what type of medication and why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Does your child have a health condition / disability which we should be aware of? Yes / No*

*If Yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Does your child have any special learning needs / learning disability? *Yes / No*

*If Yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Does your child have an individual learning plan (IEP) in school? *Yes / No*

*If Yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**MINISTRY / VOLUNTEERING**

*Volunteers are necessary for a successful program. All families are encouraged to participate in some capacity. Whether it is a one-time event or a longer commitment – all of the assistance you offer will help to improve the program and help to show your child by example, the importance of stewardship. Sharing our Faith is participating in the mission of Jesus and is the work of the whole Catholic Community.*

***Volunteers:*** *Catechist (Religious Education Teacher), Catechist Assistant, Front Office Help, Hall Monitor*

***Events:*** *First Reconciliation Reception, First Holy Communion Reception, Confirmation Reception, Easter Egg Hunt,*

*OS Fair, Service Projects, Middle School Youth Gatherings, Special Events, Donation Assistance*

*How can you volunteer?*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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PRINT Name Phone Email

*→ All adults who work with children are required to complete an online safe environment training session (30 minutes) and be fingerprinted with a background check.*

*For more information please contact Marita Borer, Director of Religious Education;* [*mborer@oursavioursparish.org*](mailto:mborer@oursavioursparish.org) *or 321-783-4554*

**PHOTOGRAPHY AND IMAGE CONSENT**

*I authorize and give full consent to photograph my child during parish activities and events.*

*This may be used in the parish bulletin, parish web site or on parish bulletin boards.*

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Signature Date

PLEASE SEE THE WEEKLY BULLETIN ANNOUNCEMENTS FOR CURRENT PARISH INFORMATION