

This form is not for 2<sup>nd</sup> graders who are prepared in Catholic School for the sacraments.

**2018 – 2019**  
**ST. EDWARD CATHOLIC CHURCH**  
**Faith Formation Registration: Grade 1 to Grade 8**

DATE: \_\_\_\_\_ CHURCH ENV/ID#: \_\_\_\_\_  
 Family Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
**CHILD LIVES WITH:** Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**MOTHER or FEMALE GUARDIAN:** Religion: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Maiden: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell#: \_\_\_\_\_

**FATHER or MALE GUARDIAN:** Religion: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell#: \_\_\_\_\_

**Children enrolled in program**                      Child 1                      Child 2                      Child 3                      Child 4

FIRST NAME:				
LAST NAME:				
<b>SCHOOL &amp; GRADE (2018-19)</b>				
MALE (M) or FEMALE (F)				
BIRTH DATE				
BAPTISM PLACE & DATE:				
FIRST RECONCILIATION (Confession)	Needs? Yes    No	Needs? Yes    No	Needs? Yes    No	Needs? Yes    No
FIRST COMMUNION:	Needs? Yes    No	Needs? Yes    No	Needs? Yes    No	Needs? Yes    No
CONFIRMATION	Needs? Yes    No	Needs? Yes    No	Needs? Yes    No	Needs? Yes    No

**\*\*\*IF your child(ren) is(are) receiving First Communion or Confirmation this year, and were not baptized at St. Edward, you are required to provide a copy of their BAPTISMAL CERTIFICATE to the Faith Formation Office by: NOVEMBER 20, 2018**

**Fees: One Child: \$100    Two Children: \$150                      Three or more: \$175**  
**Additional Sacrament Fee: \$50/per child**

**Photograph and/or Videotape Consent & Release**

I hereby grant St. Edward Catholic Church the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my name, face, likeness, voice and appearance.

I certify that I am the parent or legal guardian of the participant(s), and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Photograph and/or Videotape Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**EMERGENCY INFORMATION**

**This information must be filled out and signed by the Parent/Guardian.**

**Whom should we contact in case of emergency? (Phone Numbers to include home, office, cell)**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Are your children taking any medication**       **NO**       **YES (please explain)**

**What medications are your children taking? (child's name and medical need)**

**Is there a food allergy/condition/disability that we should be aware of regarding your child's health?**

**If we are unable to contact you or the person(s) you designated as emergency contacts, do you give us your authorization to provide appropriate medical action should your child(ren) require it while attending a religious education class, retreat or other activity connected with this parish program?**

**YES** \_\_\_\_\_      **NO** \_\_\_\_\_

**If so, which hospital would you prefer your child to be taken to?** \_\_\_\_\_

**Name of Doctor** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_