

**2018 – 2019**  
**ST. EDWARD CATHOLIC CHURCH**  
**First Communion Registration** (if enrolled in a Catholic School)

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#: \_\_\_\_\_

<b>CHILD INFORMATION</b>	<b>Child 1</b>	<b>Child 2</b>	<b>Child 3</b>	<b>Child 4</b>
FIRST NAME:				
LAST NAME:				
GRADE IN AUGUST, 2018				
SCHOOL				
MALE (M) or FEMALE (F)				
BIRTH DATE				
BAPTISM DATE:				
Needs Baptism?:	Yes No	Yes No	Yes No	Yes No

**If your child(ren) was/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: \$50/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:** \_\_\_\_\_