Religious Education Registration for 2017-2018

***Child’s Info***

|  |  |  |  |
| --- | --- | --- | --- |
| **Parish** | **First Name** | **Middle Name** | **Last Name** |
|  |  |  |  |
| **Home Address** | **City, State** | **Zip** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Birthday and Year** | **Grade entering in Fall 2017** | **School** |
|  |  |  |

***Child’s Sacramental Info***

|  |  |
| --- | --- |
| **Baptism Date** | **Parish where Baptism took place** |
|  |  |
| **1st Penance Date** | **Parish where 1st Penance took place** |
|  |  |
| **1st Communion Date** | **Parish where 1st Communion was received** |
|  |  |

***Health and Safety Info***

|  |  |
| --- | --- |
| **Physician’s Name** | **Physician’s Phone Number** |
|  |  |
| **Does your child have any allergies or special needs? (Feel free to attach a note if you like)**  |
| *All medications, epipens, etc must remain in the Religious Education Office for safekeeping during the program.**\*NKDA = No Known Drug Allergies*  |
| **Emergency Contact (If the parents aren’t available)** | **Emergency Contact’s Phone Number** |
|  |  |

***Summer Program (K-7) Monday Program (K-7) Sunday Program (K-7)***

*8:30am-12:00pm 4:30pm-6:00pm 9:00am-11:00am*

*July & August During the school year During the school year*

*Held at Sacred Heart Church Held at Tyburn Academy Held at St. Joseph School*

*(Circle One) Start Date: Start Date:*

*Session 1, July 10-21, 2017 September 11, 2017 September 10, 2017*

*Session 2, August 7-18, 2017*

**The registration fee is $60 per child for the first two children, then $40 for any additional children. Checks should be written out to “Faith Formation”.**

**Mail registration forms to: Faith Formation, 90 Melrose Road, Auburn, NY 13021**

If you cannot afford the registration fee, please call the Faith Formation Office at 315-252-3439 to make arrangements.

***Family Info (Fill out one form per family)***

|  |  |  |
| --- | --- | --- |
| **Mother’s Name** | **Mother’s best phone number (cell preferred)** | **Mother’s second best phone number (work/home)** |
|  |  |  |
| **Mother’s email address** |
|  |
| **Father’s Name** | **Father’s best phone number (cell preferred)** | **Father’s second best phone number (work/home)** |
|  |  |  |
| **Father’s email address**  |
|  |

|  |  |  |
| --- | --- | --- |
| **Stepfather’s/Stepmother’s Name** | **Best phone number** **(cell preferred)** | **Second best phone number (work/home)** |
|  |  |  |
| **Stepfather/Stepmother’s email address** |
|  |

***Should anyone else in your family receive religious ed updates?***

***(****Grandparents, Step-parents, etc)*

|  |  |  |
| --- | --- | --- |
| **Full Name** | **Best phone number** **(cell preferred)** | **Second best phone number (work/home)** |
|  |  |  |
| **Home Address** | **City, State** | **Zip** |
|  |  |  |
| **Email address** |
|  |

***Who else has your permission to pick up your child (children) at dismissal time?***

***Do you have any objections to your child’s (children’s) photo being taken and/or displayed in church for special events? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_***

***Anything else we need to know?***