

# Eastern Greece/Charlotte - Catholic Faith Formation

## Registration Form 2011 - 2012

**Holy Cross 621-8133**      **Holy Name of Jesus (HNJ) 621-6343, x32**      **Mother of Sorrows 663-5432, x16**  
 4492 Lake Ave, Roch NY 14612      15 St. Martins Way, Roch NY 14616      5000 Mt. Read Blvd, Roch NY 14612

**St. Charles Borromeo 663-8000**      **St. John the Evangelist (SJE) 621-6343, x32**  
 3003 Dewey Ave, Roch NY 14616      2400 West Ridge Rd, Roch NY 14626

**Student Name** \_\_\_\_\_ **Sex**  M  F  
LAST FIRST

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_  
House # Street  
 \_\_\_\_\_ NY, \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
CITY/TOWN ZIPCODE

• **Grade in Fall 2011** \_\_\_\_ **Age of child** \_\_\_\_ **Public School Attending** \_\_\_\_\_  
 In 2010- 2011 the Faith Formation (Religious Ed) program my *child attended* was held at \_\_\_\_\_ parish or Catholic School.

**Please circle the Parish Faith Formation Program your child will attend in 2011 -2012**

\*\*indicate grade level desired for Summer 2011 if choosing Summer Camp\*\*

<b>Holy Cross</b> <i>Sunday</i> (grades preschool-8) <i>Monday</i> (grades 4-8) <i>Home Study</i>	<b>HNJ/SJE</b> <i>Sunday AM</i> (grades K-5) <i>Monday PM</i> (grades K-5) <i>Jr./Sr. High</i>	<b>Mother of Sorrows</b> <i>Family Sunday</i> <i>Super Sunday</i> (6-8) <i>Family Monday</i>	<b>St. Charles</b> <i>Summer Camp:</i> (K- 8) __grade desired** (last gr. level completed__) <i>Home Study</i>
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**Parish** your family is registered with \_\_\_\_\_ *Sun. Preschool(Ages 3,4,5)*

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**Mother's Name** \_\_\_\_\_ **Maiden Name** \_\_\_\_\_

**Mother's Address** \_\_\_\_\_  
 (If different from child's) House # STREET  
 \_\_\_\_\_ **Religion** \_\_\_\_\_  
CITY/TOWN STATE ZIPCODE

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **E-mail** \_\_\_\_\_

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**Father's Name** \_\_\_\_\_ **Religion** \_\_\_\_\_

**Father's Address** \_\_\_\_\_  
 (If different from child's) House # STREET  
 \_\_\_\_\_ **Religion** \_\_\_\_\_  
CITY/TOWN STATE ZIPCODE

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **E-mail** \_\_\_\_\_

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**Child lives with:** Both parents\_\_ Mother\_\_ Father \_\_ Other\_\_  
 If other, provide name, address, phone and e-mail \_\_\_\_\_

**Emergency contact name** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Is there anyone to whom this child cannot be released? \_\_\_\_\_

**Special Situations** regarding your child, that we should be aware of (Learning, Behavior, Challenges, Allergies, Medications, etc. (Please attach a separate sheet if necessary)

Does your child have any special talents or gifts that he/she might be willing to share (eg.: musical/artistic abilities)

Would you be willing to: Teach \_\_\_\_\_ Assist in classroom \_\_\_\_\_  
Other \_\_\_\_\_

Sacraments*	Date	Church	&	Location
Baptism				
Reconciliation				
Eucharist				
Confirmation				

\* Sacraments are celebrated and prepared for in the family's home parish. If you would like to register your child for Sacraments, please fill out a separate Sacramental Registration form and submit completed forms to the parish in which you are registered. Contact your parish Faith Formation office for more information about sacramental preparation.

**Registration Fee:** Please make check payable to Parish at which child is registering for Faith Formation  
Programs at Holy Cross and Holy Name: \$50 for one child, \$80 for two or more children  
Programs at Mother of Sorrows & St. Charles: \$60 for one child, \$85 for two or more children

### Health Information

Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
Physician \_\_\_\_\_ Phone # \_\_\_\_\_  
Allergies \_\_\_\_\_

### PERMISSION AND RELEASE FORM

I, the undersigned parent or guardian of \_\_\_\_\_ gives permission for participation in the activities at the parish in which the child is registered for Catholic Faith Formation. In the event of an accident or illness, I hereby grant permission to a staff member or representative to act as an agent for me to consent to medical examination, treatment, hospital care or to administer first aid for minor problems. On the behalf of my child, I assume all risk of personal injury, damage, and expense as the result of participation.

I also give permission for the use of photographs of and including my child to be used in church publicity.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Amount paid: \_\_\_\_\_ Check # \_\_\_\_\_  
Cash \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_