

# Eastern Greece/Charlotte - Catholic Faith Formation

## Registration Form 2010 - 2011

Holy Cross 621-8133  
4492 Lake Ave, Roch NY 14612

Holy Name of Jesus 621-6343,x32  
15 St. Martins Way, Roch NY 14616

Mother of Sorrows 663-6432  
5000 Mt. Read Blvd, Roch NY 14612

St. Charles Borromeo 663-8000  
3003 Dewey Ave, Roch NY 14616

St. John the Evangelist 621-6343,x32  
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 2010    Age of child    Public School Attending \_\_\_\_\_
- In 2009- 2010 the Faith Formation (Religious Ed) program my *Child attended* was held at \_\_\_\_\_ parish or Catholic School. Textbook grade level: \_\_\_\_\_
- Please check the Parish Faith Formation Program your child will attend in 2010 - 2011, then circle the type of program  
 Holy Cross Sunday (grades preschool-8) Monday (grades 4-8)  
 Holy Name of Jesus Sunday AM (grades 1-5) Monday PM (grades 1-5) Jr./Sr. High  
 Mother of Sorrows Family Sunday Super Sunday (gr 6-8) Monday (K - gr 5) Sr. High  
 St. Charles Summer Camp (K- gr 8) textbook gr. level    3,4,5 yrs Sunday School  
 Home Study Program (Grades 1-8) through Holy Cross or St. Charles

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• Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Mother's Address \_\_\_\_\_  
(If different than 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 than Child's) House # STREET

\_\_\_\_\_ 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 \_\_\_\_\_

- Parish your family is registered with \_\_\_\_\_
- 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 (Religious Education.)

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

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#### FOR OFFICE USE ONLY

Amount paid: \_\_\_\_\_ Check # \_\_\_\_\_

Cash \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_