

**ST. CORNELIUS CHURCH**  
**FAITH FORMATION FOR CHILDREN**  
**2017-2018 REGISTRATION FORM**

For Office Use Only			
Family Name _____	Parish ID # _____		
Total Due _____	Amount Rec'd _____	Date _____	Check _____
Amount Balance _____	Notes _____		

**INSTRUCTIONS**

1. Please complete **both sides** of this form and return to the Parish Life Center along with your registration fee.
2. **First time registrants:** if your child was baptized in a Church other than St. Cornelius, please submit a copy of their *Baptismal Certificate* with the completed registration form.

**CHILD(REN) INFORMATION**

FIRST CHILD		
Name (First, Middle, Last)	Sex (M/F)	Date of Birth
Name of Day School	Grade in Day School	New to Faith Formation? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please provide the date and location of your child's Sacraments below</i>		
Baptism	First Penance	First Eucharist
SECOND CHILD		
Name (First, Middle, Last)	Sex (M/F)	Date of Birth
Name of Day School	Grade in Day School	New to Faith Formation? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please provide the date and location of your child's Sacraments below</i>		
Baptism	First Penance	First Eucharist
THIRD CHILD		
Name (First, Middle, Last)	Sex (M/F)	Date of Birth
Name of Day School	Grade in Day School	New to Faith Formation? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please provide the date and location of your child's Sacraments below</i>		
Baptism	First Penance	First Eucharist

**FAMILY INFORMATION**

Family Name	Home Phone #
Address (Street, City, Zip)	
Father's Name	Mother's Name (include Maiden)
Father's Religion	Mother's Religion
Father's Cell #	Mother's Cell #
Father's Email Address	Mother's Email Address
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single	
Student Resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Are there any custody/legal issues we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
<i>(An up to date copy of a Custody Order is to be kept on file with the Director of Faith Formation)</i>	

**MEDICAL/ LEARNING INFORMATION**

I give permission that, in my absence, my child(ren) whose name(s) appear on page 1 of this registration form may receive emergency medical care for injuries and all situations that should occur while participating in the Faith Formation for Children Program and activities at St. Cornelius Church.

Signature (Parent/Legal Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

To help ensure your child(ren)'s well being, please complete the box below, giving details in the appropriate space.

Child's First Name	Medical Conditions/ Allergies	IEP
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**EMERGENCY CONTACT INFORMATION**

In the event of an emergency, if we are unable to contact the parent/legal guardian, whom should we contact.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**AUTHORIZED PICK-UP INFORMATION**

In addition to the parents/legal guardians of the child(ren), please list the individual(s) who are authorized to pick-up the child(ren) from the program. If part of a carpool, please indicate that on the relationship line.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**OTHER INFORMATION**

Please provide any other information about your child that should we should be aware of:

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

I give permission for my child's picture to appear on the parish website, bulletin boards, newsletter articles or other media in relation to events that happen in the Parish Religious Education Program.  Yes  No

**REGISTRATION INFORMATION**

**The Registration Fee is a total of three (3) amounts:**

**\$25.00** Facility Fee (assessed per family); **\$220.00** for the first child; **\$75.00** for each additional child.

*\*All fees are non-refundable. \*Re-registering families will be assessed a late fee of \$30 per family after June 30, 2017.*

Please indicate your preferred class day and time:

**Tuesday (4:45-6:00pm)**  **Wednesday (6:00-7:15pm)**

By your signature below, you affirm and accept the policies and procedures of the Faith Formation for Children Program, including those listed in the Family Handbook, attendance at Sunday Mass, use of Sunday envelopes, and participating in three (3) evenings of volunteering in the program.

\_\_\_\_\_  
Printed name of person completing the registration

\_\_\_\_\_  
Signature of person completing the registration

\_\_\_\_\_  
Relation to child(ren)

\_\_\_\_\_  
Date