

# HOLY ROSARY CATHOLIC CHURCH

## Faith Formation Registration For Children and Youth 2019-2020

(Must be completed annually.)



Family Last Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

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

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

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred way for us to contact you: \_\_\_\_\_

Child's Name First & Last	Sex M/F	DOB	Grade	Baptism Y/N	Penance Y/N	Eucharist Y/N	Concerns or Allergies
1							
2							
3							
4							
5							

**Faith Formation Classes**  
\$30 per child (PK-1, Grs 3-9)  
\*\$90 family cap  
**Sacrament Grades**  
\$50 per child (Gr 2)  
\$40 per child (Grs 10-11)

**TOTAL FEES** \$ \_\_\_\_\_

**Amount Paid** \$ \_\_\_\_\_

Cash \_\_\_\_\_

Check # \_\_\_\_\_

PHOTOGRAPHY/VIDEOGRAPHY—Please check one:

\_\_\_\_\_ I GIVE \_\_\_\_\_ I DO NOT GIVE my permission for my child/children to be photographed/recorded/videotaped for projects communicating news about Faith Formation program and parish activities, such as bulletin board displays, newsletters, parish website and social media communications, a video showing highlights of the Faith Formation year and similar projects approved by the Pastor or Faith Formation Team.

CONSENT FOR MEDICAL CARE: I give permission that, in my absence, my children whose names appear above may receive emergency medical care for injuries and all situations that occur while participating in the Faith Formation program activities of Holy Rosary.

Signed (Parent/Legal Guardian) \_\_\_\_\_ Date \_\_\_\_\_