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Office of Faith Formation and Lay Ecclesial Ministry

Directory for Catechesis

**Family Registration for Faith Formation**

**Parish City Year**

**Family Information:**

Parent/Guardian

Last First

Address

Email Phone

Parent/Guardian

Last First

Address

Email Phone

Parishioner: Yes\_\_\_ No \_\_\_ Other (please list name of church)

For notifications we prefer (select one)

Text Phone call Email

Others permitted to receive communication:

Address\_

Email Phone

For notifications we prefer (select one)

Text Phone call Email

**Participant Information**:

Child Date of Birth

Baptism date Church/City of Baptism

Other sacraments received

OVER

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Child Date of Birth

Baptism date Church/City of Baptism

Other sacraments received

Child Date of Birth

Baptism date Church/City of Baptism

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Child Date of Birth

Baptism date Church/City of Baptism

Other sacraments received

List any other information we should know about your child(ren) (allergies, educational needs, etc).

Describe any custody issues or transportation permissions. Ask the director or coordinator of Faith Formation and Lay Ecclesial Ministry for form F-24, Information Regarding Legal Custody to attach along with court papers to this registration.

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**Emergency Medical Authorization Form**

**Parish City Year**

Name of child Grade

First Contact

Phone Relationship to child

Second Contact

Phone Relationship to child

To Grant Consent:

In the event of my child's injury or sickness, when all reasonable attempts to contact me have been unsuccessful, I hereby **give my consent** for the administration of any treatment deemed necessary by a licensed physician or dentist.

I also **give permission** for emergency personnel ( 911) to be called and my child to be transported if necessary to the closest emergency facility.

Signature of Parent/Guardian **GIVING CONSENT** Date

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

To Refuse Consent:

In the event of my child's injury or sickness, when all reasonable attempts to contact me have been unsuccessful, I hereby **refuse consent** for the administration of any treatment deemed necessary by a licensed physician or dentist.

I **do not give** permission for emergency medical treatment of my child. In the event of illness or injury

requiring emergency treatment, I wish the authorities to take the following action:

Signature of parent/guardian **REFUSING CONSENT** Date

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