



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 of Baptism _____

Other sacraments received _____

Child _____ Date of Birth _____

Baptism date _____ Church of Baptism _____

Other sacraments received _____

Child _____ Date of Birth _____

Baptism date _____ Church of Baptism _____

Other sacraments received _____

Child _____ Date of Birth _____

Baptism date _____ Church 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 for form F-24, Information Regarding Legal Custody to attach along with court papers to this registration.

Emergency Medical Authorization Form
Parish, City, Year
(Please fill out one per child)

Name of child _____ Grade/Level _____

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