

HOLY FAMILY CATHOLIC FAITH FORMATION

129 W. Daisy Lane, New Albany, IN 47150

Registration form

Student's Name: _____

First

Middle

Last

Address: _____

Grade: _____

Age: _____

Phone: _____

School Attending: _____

Birth date: _____

Guardian's Name _____

Day time number of Guardian (in case of CFF class cancellation) _____

Guardian's e-mail address _____

Relationship: Parent _____ Grandparent _____ Other _____

If you are a registered parishioner at a parish other than Holy Family state here:

Name of Parish: _____

Address: _____

Reason for registering your child for Holy Family CFF _____

PLEASE CHECK THE FOLLOWING SACRAMENTS YOUR CHILD HAS RECEIVED:

Baptism _____ Reconciliation _____ Holy Communion _____ Confirmation _____

(If you are not baptized here at Holy Family, we will need a copy of your Baptismal Certificate.)

Please check one or more of the following areas in which you would be interested in getting involved in our Catholic Faith Formation programs.

___ Faith Formation Co-Catechist

___ Faith Formation Substitute Catechist

___ Faith Formation Room Parent

___ Faith Formation Craft Director

___ Faith Formation Reminder Calls

___ I might be interested in being a catechist in the future.

___ I would like to help our CFF program with my special interests, skills, knowledge or talent. List Skills: _____

(over please)

MEDICAL RELEASE FORM

Medical and Emergency Information:

Family physician: _____ Phone: _____

Medication (we need to be aware of) _____

Allergies (we need to be aware of) _____

Special Instructions: _____

In case of emergency call: NAME _____

Relationship _____ Phone #: _____

NAME _____

Relationship _____ Phone #: _____

Special pick-up arrangements authorized by parents/guardians: _____

Special dietary needs:

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THE AUTHORIZATIONS BELOW MUST BE COMPLETED.

1) If you, the emergency numbers above and the physician of your choice cannot be reached in an emergency and, if in the judgement of the church authorities, immediate medical and/or hospital attention is indicated, do you authorize the church authorities to send your child (properly accompanied) to the hospital?

Yes___ No___ Signature of legal parent or guardian _____

2) I authorize my child/children to eat snacks and receive treats during and/or after class time provided by other parents or church authorities.

Yes___ No___ Signature of legal parent or guardian _____

The class fee for this year is \$50.00 per child. This fee should be included with the registration form. Payment plans and/or tuition assistance is available upon request by Theresa Shaw. Please do not let the fee be the reason your child(ren) does not attend class.

(Make checks payable to: Holy Family)