

HOLY FAMILY CATHOLIC FAITH FORMATION

129 W. Daisy Lane, New Albany, IN 47150

Registration Form

Student's Name _____

Address _____ First _____ Middle _____ Last _____ Phone _____

Date of Birth _____ Grade _____ School Attending _____

E-mail _____

Guardian's Name _____ Relationship _____

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

Guardian's e-mail address _____

PLEASE CHECK THE FOLLOWING SACRAMENTS YOUR CHILD HAS RECEIVED:

Baptism _____ Reconciliation _____ Holy Communion _____ Confirmation _____

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

___ Catechist/Co-Catechist ___ Assistant Catechist ___ Substitute Catechist

___ I would be able to help our CFF program with my special interests, skills, knowledge or talent.

List Skills _____

MEDICAL RELEASE FORM

Medical and Emergency Information:

Family physician _____ Phone _____

Medications _____ Allergies _____

Special Instructions _____

In case of emergency call

NAME _____ RELATIONSHIP _____ PHONE _____

SPECIAL PICK UP ARRANGEMENTS _____

SPECIAL DIETARY NEEDS _____

+++++

THE AUTHORIZATIONS BELOW MUST BE COMPLETED.

1) If you, the emergency number 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 parent or legal 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 parent or legal 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 calling Rose Lehman at 944-8283, x3. Please do not let the fee be the reason your child (ren) does not attend class.

(Make checks payable to: Holy Family)