

Dixie Catholic Faith Formation Registration Form 2017-2018

PLEASE PRINT CLEARLY

Father's **Full** Name _____ Religion _____

Mother's **Full & (Maiden)** Name _____ Religion _____

Child(ren) **live with** ___both parents _____ *One parent(list)_____ or ___*other _____

Address _____ Zip Code _____

Home Phone _____ Cell or Alternate Phone _____ I can accept text messages _____

*Alternate Address _____ Zip Code _____

Home Phone _____ Cell or Alternate Phone _____ I can accept text messages _____

E-Mail Address **for both parents:** _____

Parish you are **Currently Registered:** _____

I am Interested in being a: Catechist Assistant Substitute Parent Volunteer (**Please Circle**)

| Child's FULL Name | Grade | Date of Birth | Male/ Female: | School Attending |
|--------------------------|-------|---------------|---------------|------------------|
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Please Indicate **Date and Parish** each child received Sacraments... If this is the first time participating with our Religious Education Program please **provide a copy of Baptism Certificate.**

| Child's First Name | Baptism | Eucharist | Reconciliation | Confirmation |
|--------------------|---------|-----------|----------------|--------------|
| | | | | |
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| | | | | |
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Please List any learning disabilities, physical handicaps, allergies, or other information that will help us to assist your child. _____

\$55 -- One Individual Registered Parishioner from St Lawrence, Incarnation, Mary Queen of Peace, St Paul
 \$90 – family rate for Registered Parishioners from St Lawrence, Incarnation, Mary Queen of Peace, St Paul
 \$50 **additional** for Participants registered at another Parish, with DRE and Pastor Approval
 Sacrament Fee: \$25 per child in 2nd, 4th, & 8th Grades. (**Additional**)

Register and make check Payable to your Home Parish.

+++++
 Office use only: Amount paid _____ Date: _____ Check# _____ Cash _____ Initials _____

Dixie Catholic Faith Formation
2017-2018
Additional Information/ Photo Release

My child/ children have permission to be released from the DiCaFF Program with the following individuals (*other than named parent/guardians*), I am aware that if one of these individuals were to pick my child up outside the normal pick up process they may be asked to show proof of identification.

| Name | Contact # | Relationship |
|-------------|------------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I am aware that DiCaFF may photograph my children periodically for projects, special prayer services, etc. I grant permission for these photos to be used by DiCaFF and parishes associated with DiCaFF.

_____ **Yes** _____ **Initial** _____ **No** _____ **Initial**

**I would like to receive communication via e-mail
(Reminders, notifications, special instructions, sports notifications, etc...)**

PRINT E-Mail Address CLEARLY

Best number to be reached _____ **Cell** **Home** **Work (circle)**

Parent Signature

Printed Parent Name

Children in DiCaFF

**Dixie Catholic Faith Formation
Religious Education Health Form**

2017-2018

Name _____ DOB ___/___/___ Grade _____

Address _____ City _____ Zip _____

Phone _____ Cell Phone _____ Male ___ Female ___

Emergency Contact Information:

Father/Guardian _____ Phone _____ Cell _____

Mother/Guardian _____ Phone _____ Cell _____

Emergency Contact _____ Phone _____ Cell _____

Insurance Information:

Name of Insurance Co. _____ Policy # _____

Health Information:

Family Doctor _____ Phone _____

Any Pre-Existing or Present Medical Conditions: (Please Check)

___ Heart Condition ___ Diabetes ___ Epilepsy ___ Asthma ___ Other Specify) _____

Allergies: _____

Parent Medical and Liability Release Statement

In case if any medical emergency, I understand that every effort will be made to contact immediately the parents/guardians or any other contact person listed on this form regarding this child participating in the Religious Education Program. In the event that I cannot be reached, I hereby give permission to the physician selected by a Religious Education Staff member to hospitalize, secure proper medical treatment for, and to order injection, anesthesia or surgery for my child as named herein as deemed necessary.

The UNDERSIGNED shall be liable and agree to pay all costs and expenses incurred in connection with such medical services rendered to the aforementioned child pursuant to this authorization.

I understand all reasonable safety precaution will be taken at all times by Dixie Catholic Faith Formation and its agents during the Religious Education Classes and events. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold St. Paul, St Lawrence, Mary Queen of Peace, or Incarnation Catholic Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Signature of Parent/Guardian _____ Date ___/___/___