

# Dixie Catholic Faith Formation Registration Form 2019-2020

**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 <b><i>FULL</i></b> Name	Grade	Date of Birth	Male/ Female:	School Attending

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

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  
 \$100 – 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 2<sup>nd</sup>, 4<sup>th</sup>, & 8<sup>th</sup> Grades. (**Additional**)

**Register and make check Payable to your Home Parish.**

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

**Dixie Catholic Faith Formation**  
**2019-2020**  
**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.

<b>Name</b>	<b>Contact #</b>	<b>Relationship</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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**

2019-2020

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 \_\_\_/\_\_\_/\_\_\_