

<b>Office Use Only!!!</b>			
Basic 1 _____	Basic 2 _____	1 <sup>st</sup> grade _____	2 <sup>nd</sup> grade _____
Confirmation 1 _____	Confirmation 2 _____	Grade _____	

**Saint Paul Faith**

**Formation/Confirmation Registration 2022-2023**

**PLEASE PRINT**

Family Name: \_\_\_\_\_ Registered in Parish?    Y    N

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade (circle one): Pre-K   K   1<sup>st</sup>   2<sup>nd</sup>   3<sup>rd</sup>   4<sup>th</sup>   5<sup>th</sup>   6<sup>th</sup>   7<sup>th</sup>   8<sup>th</sup>   9<sup>th</sup>   10<sup>th</sup>   11<sup>th</sup>   12<sup>th</sup>

Chronic conditions (e.g. Epilepsy; Diabetes, ADHD, etc.) \_\_\_\_\_

Allergies (food, plant, medication, etc.) \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria: \_\_\_\_\_

Any physical limitations Y/N? \_\_\_\_\_

Has the participant recently been exposed to contagious diseases or conditions such as mumps, measles, chicken pox, etc.? Y/N If so please list dates and condition \_\_\_\_\_

Non-Prescription Medication: **Please check one of the following:**

( ) No medication of any type, whether prescription or non-prescription, may be administered to the participant unless the situation is life-threatening and emergency treatment is required.

( ) Non-prescription medication may be given to the participant if deemed appropriate.

Sacraments Received: **(You must provide a certificate!)**

Baptism Y/N If yes, Where: \_\_\_\_\_ Date: \_\_\_\_\_

Holy Eucharist Y/N If yes, Where: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation Y/N If yes, Where: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Contact Information:

Father's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(City/State/Zip Code)

Phone: Home ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Mother's (Maiden) Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(City/State/Zip Code)

Phone: Home ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

Email: \_\_\_\_\_

**I. MEDICAL CONTACT INFORMATION AND TREATMENT**

**A. EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Cell Phone (\_\_\_\_) \_\_\_\_\_

Medical Insurance carrier: \_\_\_\_\_ Policy number \_\_\_\_\_

Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Member's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**B. EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, the undersigned hereby give(s) permission to transport the Participant(s) to a hospital for emergency medical or surgical treatment. The undersigned wish(es) to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if the undersigned cannot be reached at the above numbers, contact:

Name & relationship: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**II. CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION**

The undersigned hereby consent to the release of photographs and names of the Participant(s) to be used by the Diocese of Raleigh and St. Paul Parish for future promotional programs of the Diocese and parish. If you have any questions or concerns, please contact LisaAnn Ludwig at 614-581-3547.

\_\_\_\_\_ Please **initial** here if you **DO** consent to the release of personally identifiable information.

\_\_\_\_\_ Please **initial** here if you **DO NOT** consent to the release of personally identifiable information.

**III. CODE OF BEHAVIOR**

1. The Participant(s) must stay and participate in the entire event. The Participant(s) may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.
2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
3. Foul language is not tolerated.
4. The Participant(s) must comply with any and all directions of Faith Formation staff.
5. The Participant(s) must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the Participant(s) involved and the undersigned.
6. Failure to abide by this Code of Behavior may result in a request to the undersigned to transport offending Participant(s) from the premises, and the undersigned shall immediately comply with the request.

**IV. PHOTO/VIDEO RELEASE**

I consent to the use by St. Paul (“the parish”) and The Diocese of Raleigh (“the diocese”) of any videotapes, photographs, slides, audiotapes, or any other video or audio reproduction in which I or my child(ren) may appear. I understand that these materials are being used for promotion of youth ministry in the parish and/or the Diocese. Such promotional activities extend to recruitment, advocacy, fund raising, etc. Pictures may appear on the parish or diocesan website. I release the staff and volunteers of the parish and the diocese from any liability connected with the use of my/child(ren) picture or voice recording as part of any of the above or similar activities and further, that such use shall be without payment of fees, royalties, special credit, or other compensation.

**V. PERMISSION**

The undersigned hereby state(s) that (he/she/they) (is/are) the (parent/parents/guardian) of the above named Participant(s) and have full legal responsibility for the Participant(s). The undersigned hereby grant(s) permission for the Participant(s) to participate in the Faith Formation Program.

**VI. PERMISSION TO EMAIL, TEXT or CALL (Please check all that apply)**

I/We give Saint Paul Catholic Church and its programs permission to contact me/us in the following manner:  Email  Text Message  Phone

**VII. SIGNATURES**

THE UNDERSIGNED HAS READ, UNDERSTANDS AND HEREBY AGREES TO AND ACCEPTS ALL PROVISIONS IN THIS AGREEMENT

Parent/Guardian:

Signature\_\_\_\_\_ Date\_\_\_\_\_

\*\*\*\*\*OFFICE use only\*\*\*\*\*

Parishioner: Y/N Payment Received:  Cash/Check # \_\_\_\_\_ Certificates Received Y/N