



## 2018-2019 Faith Formation Registration

*One form per family, this form is to be used for all faith formation programs*

Office Use Only:  
Registered: Env. # \_\_\_\_\_  
Date Received: \_\_\_\_\_

Registered Last Name: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_ Preferred Phone # \_\_\_\_\_

Please mark this box if there have been changes to the above information in the last 6 months.

### Parent/Legal Guardian Contact Information

Adults that child resides with:	<i>Head of Household</i>	<i>Spouse</i>
Name		
Relationship to child		
Religion		
Cellular Phone #		
Email:		

Please Select 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> choice

<u>Child's Full Name</u>	Gender <u>M or F</u>	Date of <u>Birth</u>	Grade <u>2018</u>	School <u>Attending</u>	Home <u>Based</u> K-8 <sup>th</sup>	CGS 8:30, 10:30 12:00 3:30pm Monday	Monday <u>For</u> <u>Grades</u> (1-5 <sup>th</sup> ) Only	Monday (Family Faith) 1-8 <sup>th</sup> grades only	Sunday <u>For Grades</u> (1-5 <sup>th</sup> ) only		High <u>School</u> <u>YDisciple</u>	Beacon (6 <sup>th</sup> -8 <sup>th</sup> )  LH (9 <sup>th</sup> - 12 <sup>th</sup> )	<u>Sacrament Information</u>					
													Please indicate which Sacraments your child has <b>ALREADY</b> received.					
													Bap RC	REC	FC	Not Bap	Bap OF	
<b>DO NOT WRITE ON THIS LINE</b>							3:30	6 PM	8:45	12:00								

### Allergies/Medical Issues or any Special Needs

Please give specific information for each child. Please list all information below. Write Childs Name next to description if there are multiple children listed above.




<u>Emergency contact other than parent First Name</u>	<u>Phone #</u>	<u>Relationship</u>	<u>Do they have permission to take the child/children home?</u>
			YES NO

**Indicate any and all individuals NOT AUTHORIZED to pick up your child(ren) from classes:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**If your child is eligible to receive Sacraments this year, you must complete a "REQUEST FOR SACRAMENTAL PREPARATION" in addition to this Registration Form. Sacramental Preparation is separate from Religious Education. (Add'l fees apply)**

<b>In parish faith formation fees:</b>	<b>\$70 Family Fee</b>	<b>\$35 per child (classroom fee)</b>
<b>Home Based /Family faith formation fees:</b>	<b>\$70 Family Fee</b>	<b>\$20 per child (materials fee)</b>
<b>YDisciple</b>		<b>\$95 per teen</b>
<b>RCIA adapted for children year one or two</b>		<b>No fee</b>

**GENERAL.** I hereby request and give my permission for my child(ren) to participate in Faith Formation. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide the general well-being of my child(ren). I, individually and on behalf of my child(ren) named on this form, do hereby release, covenant not to sue, and save harmless: the Most Rev. Gregory L. Parkes, Bishop of the Diocese of St. Petersburg; the above parish; and the employees, agents, and volunteers for the event, from any and all claims for any and all harm arising to my child(ren) as a result of his/her participation in this event.

**MEDICAL.** I request the parish representative obtain medical treatment for my child(ren) in the unlikely event of injury or illness during this program, and I agree to pay any expenses incurred for such treatment. If the church is unable to reach the parent/guardian, or any other person designated, then I hereby authorize the Church and its representatives to contact my child(ren)'s physician and/or make arrangements for immediate emergency treatment.

**This medical release is valid from August 1, 2018 until July 31, 2019 and for all events throughout the year.**

Family Physician' Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Medications taken daily and/or regularly: \_\_\_\_\_  
 Health Problems: \_\_\_\_\_  
 Insurance Information: Insurer: \_\_\_\_\_ Group #: \_\_\_\_\_

**Promotional Media Release**

During the Faith Formation Program Year, St. Mark the Evangelist may participate in videotape, motion picture, audio recording or still photograph productions that involve the use of students' names, likenesses or voices. Such productions may be used for educational or exhibition purposes by St. Mark the Evangelist in perpetuity and may be copied, copyrighted, edited and distributed by St. Mark the Evangelist in perpetuity unless said consent is revoked in writing.

News media, including representatives of television, radio, newspapers and magazines, also often are permitted on parish property and may take notes, still, photos, sound recordings and/or moving pictures that may include your child(ren). These items may appear or be used in news or feature stories by print, television or radio media. **You have the right to object to the use of your child(ren)'s name, picture or voice in these productions and may do so by circling "do not" below.**

I/We, the undersigned, **do/do not** (Circle One) hereby consent that: St. Mark the Evangelist may use the name, portrait, or other likeness of my child(ren) for St. Mark the Evangelist bulletin boards, Website, news releases, media and promotional activities. This consent is renewed at the beginning of each Faith Formation Program Year. If you have any questions, please contact the Faith formation office at: 813-907-7746 or [lrivera@stmarktampa.org](mailto:lrivera@stmarktampa.org).

\_\_\_\_\_  
Signature of Parent Guardian

\_\_\_\_\_  
Print Name

State of Florida

County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_\_\_\_.

Who is personally known \_\_\_\_\_ Or Produced Identification \_\_\_\_\_

Notary Seal

\_\_\_\_\_  
Print Name and Signature of Notary