

FAITH FORMATION REGISTRATION 2019-2020

Today's Date: _____ SELECT ONE: Returning Student (Child attended last year 2018-19) or New Student

Child's Full Name: _____

Age: _____ Grade (Entering): _____ Date of Birth: _____

Place of Birth: _____
City of Birth State of Birth Country of Birth

Home Address: _____
City State Zip

Primary Phone: _____ Home__ Cell__ Work__ Name _____

Secondary Phone: _____ Home__ Cell__ Work__ Name _____

Primary Email: _____ Secondary Email: _____

Child lives with (SELECT ONE): Both Parents Mother Only Father Only Other _____

Who has legal guardianship/custody of child? _____ (Copy of legal custody papers required if applicable)

Father/Legal Guardian _____ Religion: _____

Mother/Legal Guardian _____ Religion: _____
Maiden Name

What is the primary language spoken at home? _____

What language is the child most comfortable in? _____

Has the child had Faith Formation classes? (Circle one) Yes/No How many years? _____

Where? _____
(Church Name and Location)

Does your family attend Holy Redeemer Catholic Church? Yes No
(Please complete a parish registration form if you wish to register as member)

Are you interested in assisting as a catechist or assistant? Yes No
(Please complete the Catechist Information Form; Fingerprints, FBI background check and Safe Environment Training are required for all volunteers)

EMERGENCY CONTACT INFORMATION

(PLEASE FILL OUT COMPLETELY)

Emergency Contact (Other than Parents):

Name: _____ Phone #: _____

Relationship to the child _____

Does your child have any food or other allergies? No or Yes Explain _____

Is your child on any regularly administered medicine? No or Yes Explain _____

LEARNING NEEDS

The following questions are asked for the purpose of providing the best learning environment for each child in our program. **No child will be turned away**, but only better served if the questions are answered truthfully. **Please mark No or Yes for each question.**

Has your child been diagnosed or otherwise have a:

Learning Disability No or Yes List or Explain:

Intellectual Disability (IND) No or Yes List or Explain _____

Social or Emotional Condition No or Yes List or Explain _____

Does your child need special accommodations due to any physical mobility, eyesight, or hearing conditions? No or Yes List or Explain _____

MEDICAL NEEDS

The following questions are asked for the purpose of providing the safest environment for each child in our program. **No child will be turned away**, but only better served if the questions are answered truthfully. **Please mark No or Yes for each question.**

Has your child been diagnosed or is otherwise:

Allergic to No or Yes List or Explain:

Sight or Hearing Difficulties No or Yes List or Explain _____

On scheduled medication No or Yes List or Explain _____

Does your child need special accommodations due to any medical conditions? No or Yes

List or Explain _____

SACRAMENT INFORMATION

Sacraments child has received (PLEASE Select Yes or No for each Sacrament):

- **Baptism** Yes or No Date ___/___/___ Church _____
- **First Reconciliation** Yes or No Church _____
- **First Communion** (Eucharist) Yes or No Church _____
- **Confirmation** Yes or No Church _____

All sacraments require at least two (2) years of faith formation preparation.

*Baptism may be received in any grade.

*First Communion may be received beginning in the 2nd grade.

*Confirmation may be received beginning in the 9th grade.

Which sacraments will your child be applying to receive this year (2019-2020)?

Baptism _____ First Communion _____ Confirmation _____

List names and grades of siblings also registered in Faith Formation Class:

Class Schedules

All classes will be held on the 1st and 3rd Sunday of the month starting on October 6.

Please Choose a time:

Session A: 10:30am – 12:30pm _____ **OR** Session B: 2:30pm – 4:30pm _____

For Confirmation Only:

8th grade Pre-Confirmation _____ High School Pre-Confirmation _____ High School Confirmation _____
(First year of Confirmation Preparation) (Second year of Confirmation Preparation.)

Please choose a class language:

English _____ or Spanish (Spanish instruction is for students who meet the State ESL Standard) _____

Specialty Class: Choral Catechesis (English Only; 3rd grade-7th grade; limited space) Starting on October 9.

Every Wednesdays 6:30pm – 7:30pm _____

Payment Information

Standard Tuition

1 Student: \$80 ___ 2 Students: \$100 ___ 3 or More Students: \$110 ___

Sacramental Fees in addition to Standard Tuition

Baptism/RCIA (Receiving in 2019-20): \$50 ___ First Communion (Receiving in 2019-20): \$50 ___

Students Preparing for Confirmation, the following is the only tuition required.

8th Grade and High School Pre-Confirmation: \$65 ___ Confirmation (Receiving in 2019-20): \$110 ___

- ***ALL students MUST have their Baptismal Certificates on file with the Faith Formation Department before classes begin. One must be turned in annually.**
- ***All students must fill out the LIFE Opt Out Form and the Photo Release Form.**
- ***All forms must be turned in at the same time.**
- ***50% of the Faith Formation Tuition is due at the time of registration.**

For Office Use Only:

Date registration turned in: _____ Number of Students: _____ Baptismal Certificates: _____

Total Balance: \$ _____ Amount Paid: \$ _____ Balance Due: \$ _____ Payment Type: _____ Check#: _____

Parents received copies of all forms: Y or N Forms and Payment Received by: _____

Diocese of Orlando

PARENTAL/GUARDIAN CONSENT FORM, LIABILITY WAIVER & MEDICAL CONSENT PHOTOGRAPHY AND IMAGE ASSIGNMENT, WAIVER, AND RELEASE

I, _____, for valuable consideration received, and for being allowed access to Diocesan property, activities, or events, expressly assign to Holy Redeemer Catholic Church and the Diocese of Orlando, and to all of their current, former, and future agents and related entities (collectively, "the Diocese"), all rights, title and interest in, and to, the use of my and my child/ward's image or likeness, including, but not limited to all videotape recordings, photographs, or audio recordings of, or made by, me and/or my child/ward on Diocesan property, during a Diocesan-sponsored event, or for any other Diocesan purpose ("the Property"). The Diocese shall have, without my consent, the right to assign its rights in the Property, in whole or in part, to any entity, parish, or school within the Diocese of Orlando.

I hereby irrevocably grant the Diocese perpetually and exclusively, the right to use and incorporate (alone or together with other materials), in whole or in part, the Property, in any Diocesan publication, news release, or for any other purpose. Further, I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or distribution of the Property without limitation for any purpose whatsoever, and I further waive all rights to any compensation for my and/or my child/ward's appearance or participation in the Property. I understand and have been advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Office of Youth and Young Adult Ministry and/or the Diocese. Participants' names would not be identified, however, without specific written consent. I further understand that the Diocese has no control over the use of photographs or film taken by media that may be covering the event in which my child(ren) participate(s).

I hereby waive any claims against and release the Diocese, its current, former, and future religious, employees, volunteers, agents, and successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I and/or my child/ward may have against the Diocese in connection with the Property or the use of the Property.

This release shall not obligate the Diocese to use the Property or to use any of the rights granted hereunder, or to exhibit, distribute, or exploit the Property. I acknowledge that the Diocese cannot control all photographic access to its properties, and that my child/ward's name may be printed with photos/images in various publications, including non-Diocesan publications.

I represent that I am eighteen years of age or older, and that I have read and understand the terms of this Assignment, Waiver, and Release.

Signature of Parent/Guardian _____ Date _____

Youth Participant's Name: _____ Date of Birth: _____

Address _____ City/State/Zip _____

Home Phone: _____ Male Female (please circle)

Parent/Guardian's Name: _____ Cell Phone: _____

Other number where Parent/Guardian can be reached during event: _____

Emergency Contact Name: _____ Phone: _____

please PRINT legibly

