

Holy Child Faith Pastoral Center
All Saints Parish
Plymouth, PA 18651

FAITH FORMATION REGISTRATION FORM (Pre-K - 8th Grade)

Student's Name _____ **DOB** _____
Last First Middle **Place of Birth:** _____
(City, State, Co.)

Grade attending in 2017/2018 School Year _____ **School Name:** _____

Has this child been baptized Catholic? _____ If so, **Date of Baptism:** _____
(A Baptismal Certificate is needed if this child was not baptized at St. Mary's, or St. Stephen's or St. Vincent's).

Name of Church _____ **Church Location:** _____
City State

If NO, please state if child is baptized in a different faith or has not been baptized _____
(The Director of Faith Formation will call to discuss further)

Has this child celebrated the Sacraments of Reconciliation and First Eucharist: yes _____ no _____

Mother's Name _____
Last First Maiden

Father's Name _____
Last First

Is child's Mother Catholic ? _____ **Is child's Father Catholic?** _____

Marital status: Married _____ Separated _____ Divorced _____ Single Parent _____

Address _____ **Town** _____ **Zip** _____

Home Phone Number _____ **Bus. Phone Number (optional)** _____
Phone Number where parent can be reached during Faith Formation class: _____

Name and number of person other than parent to be contacted in case of an emergency:

Name _____ **Phone number:** _____
Email address: _____ **Cell Phone:** _____

Are you registered at the Parish? _____ **Envelope #** _____

If **NOT** please call the Parish Office(570-779-5323). Families participating in our Religious Education program are expected to be participating members of our faith community (supporting the parish by your presence at Eucharist and contribution to help support the financial needs of the parish).

Siblings registered in the Faith Formation Program (please include grade for 2017-2018 school year): _____

Additional Required Information

I. Family Information

Is your child mentioned in a child custody agreement? _____ yes _____ no

If yes, who is allowed to pick up your child? _____

Is your child protected by a restraining order? _____ yes _____ no

If yes, please write the information necessary to fulfill this degree: _____

II. Dismissal Information: ONLY names listed below may drop off or pick up your child.

Grades pre-K, K and 1 parents must pick-up their children in the classroom.

Does your child walk to or from his/her religious education class? _____ yes _____ no

Name and telephone numbers(s) of person(s) driving child to class:

Name and telephone number(s) of person(s) picking child up from class:

III. Health Information:

If parents cannot be contacted in the case of an emergency, then do we have permission to contact your child's physician? ____yes ____ no Physician & phone number _____

Do we have permission to seek medical help for your child? yes _____ no _____

Please check any health problems that may require emergency care:

___ Asthma ___ Diabetes ___ Bee Sting Allergy ___ Seizures ___ Food Allergies

___ADHD

Other:

Is your child presently taking any medications that we need to be aware of? ____yes ____ no

If yes, please list medications: _____

Please list any medicine allergies your child has? _____

Please describe any other health concerns: _____

IV. General Information:

If your child has an Individual Education Plan (IEP), please describe the best course of action for our volunteer catechist to take:

Signature of parent/legal guardian

Date

Please enclose this registration along with the \$10.00 (\$20.00 family) donation in an envelope and return by August 21st. This donation is used to help defray the expense of materials. Thank you. If you need special consideration, please contact Father Jacek or Helen Cebula.