

REGISTRATION FORM FAITH FORMATION

St. Therese Catholic Church
6262 Main Street
Gloucester, VA 23061
804-693-5939

Office Use Only

Date _____

Check # _____

Check \$ _____

Cash \$ _____

Registered at St. Therese ? Y N

Parents/Guardians	Parent	Parent
Name:	_____	_____
Religion	_____	_____
Cell Phone	_____	_____
Email	_____	
Primary Family Address	_____	
	Street	City zip

Signature of Parent/Guardian

Date

<u>REGISTRATION FEES</u>		<u>SACRAMENTAL FEES</u>	
1 Child	\$35.00	1st Reconciliation/Communion	\$10.00
2 Children	\$45.00	Confirmation	\$10.00
3 or More Children	\$55.00		
Total: _____			

Financial Assistance: the registration fee is confidentially waived for anyone who expresses financial hardship and for catechists. Contact the Faith Formation Office for questions.

Please fill this out for your child(ren)

Child's Name _____

Preferred Name _____

Birthdate: _____ Gender _____ Fall Grade _____

School Attending: _____

Sacraments: Baptism Reconciliation Eucharist Confirmation

Baptismal Date: _____ Church _____ City/State _____

Specific Medical Information

Allergic Reactions -Medications, food, plant, insects etc _____

Does your child have a medically prescribed diet _____

You should be aware of these special medical conditions of my child: _____

Child's Name _____

Preferred Name _____

Birthdate: _____ Gender _____ Fall Grade _____

School Attending: _____

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You should be aware of these special medical conditions of my child: _____

Parent/Guardian Consent Form and Liability Waiver for Medical Treatment

I, _____ grant permission for my child(ren) to participate in the Faith Formation classes. These activities will take place under the guidance and direction of parish employees and/or volunteers from St. Therese Catholic Church. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ('Participant'). I agree on behalf of myself, my child(ren), or our heirs, successors, and assigns, to hold harmless and defend St. Therese Church, its officers, directors, employees, and agents, and the Diocese of Richmond, its employees and agents, chaparones or representatives associated with the event, from any claim arising from or in connections with my child attending the event or in connections with any illness or injury, (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Richmond, its employees and agents and chaparones, or actions brought against them as a result of such injury or damage, unless such claims arises from negligence of the parish/diocese.

Medical Matters: I hereby warrant that to the best of my knowledge, my child(ren) is/are in good health, and I assume all responsibility for the health of my child(ren).

Emergency Medical Treatment: in the event of an emergency, I hereby give permission to transport my child(ren) to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at given numbers contact:

Name: _____ Relationship: _____

Phone: _____

Family Physician: _____ Phone: _____

Health Care Provider: _____ Policy # _____

Picture Release

I, _____ hereby grant permission for all photos taken of my child(ren) at St. Therese Catholic Church Faith Formation program/parish to be used for either publicity, advertising or on webpage for the program or parish.

Signature of Parent/Guardian

Date