

East Duluth Catholic Faith Formation Registration Grades K-11

Registration fee: \$25 per student | \$75 family cap

For office use only	
Processed by:	_____
Date:	_____
Amount paid:	_____
Cash/Ck#:	_____
For (w count):	_____
FF	Sac _____

Primary contact: Mother Father Guardian: Name: _____ Address: _____ City, State, Zip: _____ Home phone number: _____ Cell phone number: _____ Email: _____ Married Annulled Single Widowed Other: _____ What Parish are you a member of? _____	Secondary contact: Mother Father Guardian Name: _____ Address: _____ City, State, Zip: _____ Home phone number: _____ Cell phone number: _____ Email: _____ Married Annulled Single Widowed Other: _____ What Parish are you a member of? _____
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Any student's contact information will be used only for emergencies or events specifically related to EDCFF ministries.

Student information Student name: _____ Grade: _____ School: _____ Sex: <u>Male</u> <u>Female</u> Date of Birth: _____ Student phone number: _____ Student email: _____ Sacraments received (please circle): <u>Baptism</u> <u>Reconciliation</u> <u>Holy Communion</u> Allergies/medical conditions: _____ Registration for (please circle): <u>Faith Formation</u> <u>Sacramental Preparation</u> (please fill out sacramental preparation form)

Student information Student name: _____ Grade: _____ School: _____ Sex: <u>Male</u> <u>Female</u> Date of Birth: _____ Student phone number: _____ Student email: _____ Sacraments received (please circle): <u>Baptism</u> <u>Reconciliation</u> <u>Holy Communion</u> Allergies/medical conditions: _____ Registration for (please circle): <u>Faith Formation</u> <u>Sacramental Preparation</u> (please fill out sacramental preparation form)

Student information Student name: _____ Grade: _____ School: _____ Sex: <u>Male</u> <u>Female</u> Date of Birth: _____ Student phone number: _____ Student email: _____ Sacraments received (please circle): <u>Baptism</u> <u>Reconciliation</u> <u>Holy Communion</u> Allergies/medical conditions: _____ Registration for (please circle): <u>Faith Formation</u> <u>Sacramental Preparation</u> (please fill out sacramental preparation form)

If you have more than three students to register, please use and attach another form.

East Duluth Catholic Faith Formation

Sacramental Preparation Registration: Gr. 2 and 11

Gr. 2: First Reconciliation and Holy Communion

Gr. 11: Confirmation

Sacramental preparation fee: \$50 per student

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Processed by: _____

Date: _____

Amount paid: _____

Cash/Ck#: _____

For (w count):

FF _____ Sac _____

This box is completed already on East Duluth Catholic Faith Formation registration form: Yes | No. If no, please fill out.

Primary contact: Mother | Father | Guardian:

Name: _____

Address: _____

City, State, Zip: _____

Home phone number: _____

Cell phone number: _____

Email: _____

Mother and/or Father and/or Guardians: Married | Divorced | Single | Separated | Widowed | Other: _____

What Parish are you a member of? _____

Secondary contact: Mother | Father | Guardian

Name: _____

Address: _____

City, State, Zip: _____

Home phone number: _____

Cell phone number: _____

Email: _____

Student information

Student name: _____

Grade: _____ School: _____ Sex: Male | Female Date of Birth: _____

Student phone number: _____ Student email: _____

Sacraments received (please circle): Baptism | Reconciliation | Holy Communion

Date of Baptism: _____ Church of Baptism: _____

Candidates NOT baptized at your current home parish MUST present a certificate of baptism with this form

Address of Church of Baptism: _____

Allergies/medical conditions: _____

Confirmation students only:

Name of sponsor (if known): _____

Sponsor relationship: _____

Confirmation saint name (if known): _____

Age at date Sacrament offered: _____

Reconciliation and Communion Checklist

- Pay sacramental preparation fee
- Hand in copy of baptismal certificate if not baptized at your current home parish
- Attend special information sessions detailed on calendar with parents and/or Godparents

Confirmation Checklist

- Pay sacramental preparation fee
- Letter to Bishop formally requesting Confirmation
- Register for and attend Diocesan Confirmation retreat
- Hand in 15-30 hours of service
- Hand in copy of baptismal certificate if not baptized at your current home parish

Dear Parent/s,

Please review both the PHOTOGRAPHY RELEASE statement and SAFE ENVIRONMENT notice below.

- Please select **ONE** of the options regarding **PHOTOGRAPHY RELEASE** statement and sign.
- **ONLY** sign the **SAFE ENVIRONMENT TRAINING WAIVER**, if you do **NOT** want your child to participate in the training provided during Religious Education.

Photography Release Statement

I hereby grant permission for my child to be photographed and/or videotaped during the EDCFF program. I understand that the resulting photographs and/or videotaped footage may be edited, if necessary, and then published and/or posted in parish newsletters, website, and other material associated with the EDCFF ministry.

_____ Yes, I agree that my child can be included in photos associated with EDCFF program

_____ No, I do not want my child in photos associated with EDCFF program and I have further instructed my child to notify the Faith Formation coordinators that he/she may not be photographed and/or videotaped under any circumstances.

Name of Child/ren: _____

Parent/Guardian Signature: _____

Date _____

Safe Environment Training

As part of our on-going commitment to ensure the safety of your child(ren), safe environment programming is a part of our religious education program. Students are not required to attend but they and their parents should understand the importance of this program as part of their education about boundaries, appropriate interactions between adults and minors and related personal safety issues. This should not be considered an optional program; students that cannot attend should have a valid reason for their absence. The presumption is that every child will participate in the lessons. However, parents may choose to complete the waiver below to excuse their child from the program.

Safe Environment Training Waiver

NOTICE:

- Do not sign below, if you agree to your children participating in the real-world and online safety training.
- Only sign & date below to waive Safe Environment training for your children.

_____ My/our child(ren) **will not** be attending Safe Environment training provided by the parish/school.

_____ Please send me a copy of a Safe Environment training guide to assist me/us in providing the training at home.

Parent/Guardian Signature: _____

Date _____

Parish/School Leader: _____

Date guide sent: _____