

**St. Martin de Porres Parish – St. Mary of the Assumption Family Faith Formation Registration**

**2019-2020**

Last Name of Family \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_ Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

CHILD'S FIRST, Middle NAME (List Last Name if Different)	Male/Female	DATE OF BIRTH	GRADE ENTERING IN SEPT. 2019	WHICH WORSHIP SITE WILL YOU BE ATTENDING FOR FATIH FORMATION: ST. COLUMBA, ST. MARY, ST. VINCENT
EXAMPLE: John, Michael	Male	12/10/10	4 <sup>th</sup>	St. Columba

Make Check Payable to: St. Martin de Porres **(Office Use Only)**

Amt. Pd. \$ \_\_\_\_\_ Amt. Due \$ \_\_\_\_\_ Ck. No. \_\_\_\_\_ Ck. Date \_\_\_\_\_ Cash \_\_\_\_\_ Reg. Date \_\_\_\_\_

**St. Martin de Porres Parish – St. Mary of the Assumption Family Faith Formation Registration**

**2019-2020**

Child's First & Middle Name \_\_\_\_\_ Church of Baptism \_\_\_\_\_

Sacraments to prepare in 2019-2020: 1<sup>st</sup> Penance **Y/N**      1<sup>st</sup> Communion **Y/N**      Confirmation **Y/N**

Please list any health, physical, or education needs your child may have: \_\_\_\_\_

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Child's First & Middle Name \_\_\_\_\_ Church of Baptism \_\_\_\_\_

Sacrament to prepare in 2019-2020: 1<sup>st</sup> Penance **Y/N**      1<sup>st</sup> Communion **Y/N**      Confirmation **Y/N**

Please list any health, physical, or education needs your child may have: \_\_\_\_\_

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Child's First & Middle Name \_\_\_\_\_ Church of Baptism \_\_\_\_\_

Sacrament to prepare in 2019-2020: 1<sup>st</sup> Penance **Y/N**      1<sup>st</sup> Communion **Y/N**      Confirmation **Y/N**

Please list any health, physical, or education needs your child may have: \_\_\_\_\_

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Child's First & Middle Name \_\_\_\_\_ Church of Baptism \_\_\_\_\_

Sacrament to prepare in 2019-2020: 1<sup>st</sup> Penance **Y/N**      1<sup>st</sup> Communion **Y/N**      Confirmation **Y/N**

Please list any health, physical, or education needs your child may have: \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

Policy Holder Name: \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Family Physician/Clinic \_\_\_\_\_ Phone No. \_\_\_\_\_

In signing this health form, I here by certify that the above information is correct and give permission for my child to be transported by ambulance for medical emergency purposes only, and for the release of medical records to an attending physician in case of illness.

In case of medication emergency, I understand that every effort will be made to contact the parents or guardian. In the event that I cannot be reached, I hereby give permission to the physician selected to secure proper treatment for my child named herein.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE**

St. Martin de Porres Church (please check one below)

\_\_\_\_\_ has permission to photograph my child/children during the 2018-2019 Faith Formation classes, activities, and events, in order to share photos with our parish community through the church bulletin, newsletter, and display boards, etc.

\_\_\_\_\_ does NOT have permission to photograph my child/children during the 2018-2019 Faith Formation classes, activities, and event

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**SUNSCREEN PERMISSION**

**New York State Law:**

Each children’s overnight camp, summer day camp, and traveling summer day camp shall allow children attending such camp to carry and use topical sunscreen products approved by the federal Food and Drug Administration for over-the-counter use for the purpose of avoiding overexposure to the sun and not for medical treatment of any injury or illness, with the written permission of the parent or guardian of the child. A record of such permission shall be maintained by the camp. A child who is unable to physically apply sunscreen may be assisted by unlicensed personnel when directed to do so by the child, if permitted by a parent or guardian and authorized by the camp.

Please fill out one of the statements below. And send sunscreen with your child on the first day labeled with their name.

**Statement A:**

(Enter Child(ren) name’s) \_\_\_\_\_ has my permission to carry and use topical sunscreen products approved by the Federal Food and Drug Administration for over-the-counter use for the purpose of avoiding overexposure to the sun and not for medical treatment of an injury or illness.

Parent/Guardian Name (Print): \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Statement B:**

(Enter Child(ren) name’s) \_\_\_\_\_ needs assistance in applying topical sunscreen products approved by the Federal Food and Drug Administration for over-the-counter use for the purpose of avoiding overexposure to the sun and not for medical treatment of an injury or illness, therefore I give program staff permission to apply sunscreen.

Parent/Guardian Name (Print): \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**PICK UP INFORMATION**

Please list below who is allowed to pick your child(ren) up from Faith Formation other than parent(s)/guardian(s)

Name \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_ Phone # \_\_\_\_\_

**EMERGENCY (other than parent(s)/guardian(s)) CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_ Phone # \_\_\_\_\_

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