

2025-2026 REGISTRATION

FAITH FORMATION CLASSES K-8
Saint Elizabeth Ann Seton Parish
Held on Sunday mornings, 10:00-11:30
Classes begin September 14, 2025

Family name: _____

Parish in which you are registered: (Please check) ☐ St. Elizabeth Ann Seton

☐ Other parish: _____

Father's **FULL** name: _____

Religion: _____

Mother's **FULL** name: _____

Religion: _____

Family's address: _____

City _____ State _____ Zip code _____

Phone #: Home _____

Mobile #: **Mom:** _____ **Dad:** _____

E-mail address: _____

CHILDREN TO BE REGISTERED:

Child's **FULL** name: _____

Child prefers **to be called?** _____

Child's birthday: _____

School child attends: _____ Grade level: _____

➤ Child has **already received** which sacraments? (Please check):

☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation

Child's **FULL** name: _____

Child prefers **to be called?** _____

Child's birthday: _____

School child attends: _____ Grade level: _____

➤ Child has **already received** which sacraments? (Please check):

☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation

Child's **FULL** name: _____

Child prefers **to be called?** _____

Child's birthday: _____

School child attends: _____ Grade level: _____

➤ Child has **already received** which sacraments? (Please check):

☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation

OVER, PLEASE

HEALTH AND MEDICAL INFORMATION:

Are there any learning difficulties, allergies, medical conditions, or disabilities of which your child/children's teacher(s) should be aware?

EMERGENCY CONTACT PERSON(S), if parents cannot be reached:

Name: _____
Relation to student: _____
Phone #: _____

Name: _____
Relation to student: _____
Phone: _____

PICK-UP AUTHORIZATION:

If I am unable, I authorize the following person(s) to pick up my child/children at 11:30 am from Faith Formation classes.

Name: _____
Relation to student: _____

Name: _____
Relation to student: _____

SIGNATURE of Parent/Guardian: _____ **Date:** _____

PHOTO/VIDEO RELEASE:

As a Parish Community, it is important to recognize our students for their achievements. If the opportunity arises, please grant us permission to use your child's name and/or image.

___ I give permission to use my child/children's full name(s), photograph(s), and videotaped image(s) in publications, video productions, and/or on St. Elizabeth Ann Seton's internet web site.

___ I do not give permission for St. Elizabeth Ann Seton to use my child/children's photo and/or videotaped image on any publication or display.

Signature of Parent/Guardian: _____ **Date:** _____

Registration fees: \$20 for 1 child; \$30 for 2 children; \$40 for 3+ children—payment for textbooks and supplies

Amount paid: _____

Check #: _____ Cash: _____ Date: _____