

Risen Savior Catholic Church

7701 Wyoming Blvd NE; Albuquerque, NM 87109

7/7/2026

505-821-1571 X104

2026-2027 Children's Faith Formation Registration: Grades K-5

September 9, 2026 through April 28, 2027 (Wednesday evenings)

5:30PM - 7:00PM

If your child was baptized in a parish other than Risen Savior, please bring your child's
Original baptismal certificate to the office for us to make a copy, if you have not previously provided one.

The non-refundable, non-transferable book fee of \$35.00 per child must be paid in order to reserve space in class. If
cost is prohibitive, please call Tes Charlton 505-821-1571 x 104

REGISTRATION DEADLINE: AUGUST 13, 2026

I am a registered parishioner at: _____

Child's Full Name: _____ Age: _____ Gender: _____ Birthdate: _____

School: _____ **Grade entering Fall 2026**

Child lives with (check one): Father and Mother Father Mother Legal Guardian

Parent(s)/Guardian(s) Full Name(s): _____

Full Address: _____ Home Phone: _____

Cell Phone(s): _____ Email(s): _____

Other Guardian's Name (not listed above): _____

Full Address: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Sacramental Information (If your child was baptized at Risen Savior, please give approximate date.):

Date: _____ Parish: _____ City/ST: _____ Zip Code: _____

Baptism: _____

1st Reconciliation: _____

1st Eucharist: _____

Confirmation: _____

Parent or Guardian's Signature _____ **Date:** _____

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Please submit the following for our records:

1. **Completed registration form (both sides).**
2. **Original Baptismal certificate (to be copied & returned)**
IF Baptized at Risen Savior, you do not need to supply.
3. **Payment: Cash or Checks**
payable to "Risen Savior Catholic Church"

Office Use Only: Date: _____

Staff Signature: _____

____ Book Fee Paid ____ Cash ____ Check #

Parent/Guardian Permission Form
Medical Questionnaire /Medical Authorization/Indemnity Agreement

Sponsor of Program: Risen Savior Catholic Church
Program/Activity: Children's Faith Formation Program
Date of Program/Activity: September 9, 2026 through April 28, 2027
Place of Program/Activity: Risen Savior Catholic Church Campus, Rancho de Palomas Park, and other announced locations.

The undersigned, as parent or legal guardian of _____, does hereby give permission for the above named individual to attend the described program/activity. As parent and/or legal guardian of the above named individual, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Risen Savior Catholic Community, its officers, directors, employees and agents, and the Archdiocese of Santa Fe, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection 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 Archdiocese of Santa Fe, its employees and agents and chaperones, or representative associated with the event for reasonable attorneys' fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish or the Archdiocese of Santa Fe.

It is possible that at times leadership team members may take **photographs or videos** of events in which your child may be participating. By signing this you acknowledge that your child may be photographed during the course of their participation and those photographs may be **used/published** for church purposes.

I hereby authorize the Supervisor of the activity or his/her designee to act in my behalf to authorize such medical attention, surgery, or other health care services, as may be recommended in an emergency situation while participating in the activity. If the below named physician cannot be reached, I hereby authorize any licensed physician or medical center to treat my child.

Medical Questionnaire:

Parent/Guardian Name(s): _____

Parent/Guardian Phone: _____
Home Work Cell

In case of an emergency, a parent/guardian is contacted first. If unable to reach parent/guardian, please contact:

First Name: _____ Phone: _____ Relationship: _____

Second Name: _____ Phone: _____ Relationship: _____

Name of Physician _____ Phone: _____

Hospital Preference: _____

Does your child have any physical, mental, or emotional concerns that we need to be aware of? If yes, explain.

_____ Is
your child allergic to any food or medicines? No Yes If yes, what: _____

Does this child have any special needs? No Yes If yes, what: _____

Does this child have difficulties with any of the following? (If so, please explain):

Asthma ADD Autism Hyperactivity Eyesight Reading Writing Speaking Hearing
Other notes: _____ Please

list any medications your child is taking: _____

I have read and completed the above information and certify that I have disclosed all medical information regarding my child.

Signature _____ Date _____
Parent/Guardian