Holy Cross
CATHOLIC CHURCH

Faith Formation Registration
Form and Payment ($75/Student)

Last Name: _____ First Name: _____

Gender: (Circle) Male Female Date of Birth: _____/_____/_____ Age: _____

City of Birth: _____ State: _____ Country: _____

Sacramental Information

Parish of Baptism: _____ Date: _____

Location (City, Sate, Country): _____

Parish of First Holy Communion: _____

Location (City, Sate, Country): _____ Date: _____

Parental Information

Are you interested in volunteering? YES NO

Father's Full Name: _____

Mother's Full Name (Maiden): _____

Address (City, State, Zip): _____

Contact Information

Phone Number: _____ Email: _____

Emergency Contact (Other than Parent): _____ Number: _____

Student Information

Upcoming Grade Level: _____ Name of School: _____

Last Grade Level of Faith Formation: _____ (Circle) Year 1 Year 2

Sacramental Preparation

Please circle below if you are planning on registering your child for a sacrament to be received during the upcoming school year. Please note that two consecutive years of faith formation are required by the diocese of St. Petersburg for your child to receive the sacraments of first penance/first holy communion or confirmation. We will need a separate sacramental registration form to be submitted. These forms can be found on our website.

o First Penance/First Holy Communion

o Confirmation

o OCIC (unbaptized children between the ages of 7 and up)

Does your child have any special needs? Please list along with any additional comments: _____

_____

_____

Emergency Consent

By submitting this form, you hereby authorize the following: if the parents or guardians cannot be contacted in case of serious injury or illness, I authorize the Faith Formation program to take such emergency action as may be deemed necessary, including the transportation of the student to a hospital or medical center. As a parent or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor(s) in the event of a medical emergency that, in the opinion of the attending physician, may endanger his/her life, cause disfigurement or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Parent Signature: _____ Date: _____