## St. Cecilia Formation Registration

Aduit / Parer	nt / Guardian				
	Last Name	First Name	Religion	Relationship to child	
Adult #1					
email			phone		
Adult #2				_	
email			phone		
address					
Child(ren)				2025-26 School Year	
Grade Age	Last Name	First Name	School	Health Concerns	
		-			
		_			
		_			
		_			
Permissions		Please sign below	v indicating your ag	reement to the following:	
DATA	The above information is accurate to the best of my knowledge.				
POLICIES	I have read and will abide by	_	•		
SAFETY	Children in grades K - 12 will receive personal safety training appropriate for their grade unless a written objection is received from the parent or legal guardian.				
РНОТО	Photographs & names can be used in the paper, on the internet or where appropriate unless a written objection is received from the parent or legal guardian.				
EMERGENCY	I authorize the responsible person at St. Cecilia to transport me or my child to the nearest hospital				
	emergency room in emerger	emergency room in emergencies requiring immediate medical attention.			
	Adult / Pa	arent / Guardian Signature		Date	
Fees		Scholarsi	hips are available fo	or those in financial need.	
	Family Faith Formation	\$25 per child			
	Sacramental Preparation		30 - Confirmation & Euc	harist \$15 - Confirmation	
	同為"特別同	21		Ct. Carilia Chamab	
	total due	Please таке	checks payable to: S	St. Cecilia Church	