



2025-2026  
FAITH FORMATION & SACRAMENTAL PREP  
REGISTRATION FORM

WEDNESDAY EVENINGS 6:15-8:00pm

Faith Formation, First Reconciliation/Holy Communion Prep, and Confirmation I & II are offered on Wednesday evenings from 6:15pm-8:00pm. Drop-off is in Mullally Hall where parents and children gather for prayer and then join their catechist in the classroom for the weekly session. Pick-up is the Church Narthex where dismissal takes place at the end of Eucharistic Adoration.

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Parish Registration

Are you a registered member of the Basilica of St. Paul? Yes ☐ No ☐

What Mass does your family attend? \_\_\_\_\_

If you are not a member of the Basilica of St. Paul, what parish do you attend?

\_\_\_\_\_

Parent Volunteers

Parents who volunteer with the Faith Formation program each Wednesday night will have the registration waived. All parent volunteers must be fingerprinted and cleared through the Diocese of Orlando.

If you would like to volunteer with the Faith Formation program here, check here ☐

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Parents/Legal Guardian Information

Mother/Legal Guardian:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father/Legal Guardian:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Child's Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

Parish where child was Baptized: \_\_\_\_\_

Child's Home Address:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child lives with:

Both Parents: ☐ Mother: ☐ Father: ☐ Legal Guardian: ☐

In case of emergency, contact:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Where does your child go to school? \_\_\_\_\_

What grade is your child in? \_\_\_\_\_

I am registering my child for (select one):

Faith Formation (prek-4, K, grades 3-6): ☐ reg. fee \$25

First Holy Communion Preparation: ☐ reg. fee \$25

Confirmation Preparation I (7<sup>th</sup> & up) ☐ reg. fee \$50

Confirmation Preparation II (8<sup>th</sup> & up) ☐ reg. fee \$50

Please list any allergies - health or physical conditions - behavioral or special needs, if any:

\_\_\_\_\_

**PLEASE SIGN - Permission to Treat**

In the event of an emergency, while my child attends Faith Formation programming at the Basilica of St. Paul, I give permission for staff/volunteers to perform basic first aid and/or seek emergency medical or surgical treatment, including emergency transportation. I wish to be advised prior to any further treatment by the hospital or doctor.

Parent/Guardian Signature: \_\_\_\_\_

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

**Circle of Grace Program**

The Diocese of Orlando has implemented a child abuse awareness, prevention, and safety program in all parishes and Catholic schools as mandated by the United States Conference of Catholic Bishops (USCCB) in compliance with the Charter for the Protection of Children and Young People. Students enrolled in a Catholic School or parish-based catechesis are encouraged to participate in this programming. Our diocese is required, through an audit process, to verify to the USCCB that this training has been provided. We are also required to keep track of the number of students who participate, as well as those who opt-out. **The program will occur during our regular class schedule. We require this opt-out in case the child is not able to attend that session.**

I (We) have elected to opt-out and not participate in Circle of Grace: ☐

*For staff only:*

Parent/Guardian Medical Information & Consent Form Signed: ☐

Parent/Guardian Image/Release Form Signed: ☐

Birth Certificate: ☐

Baptized at St. Paul: ☐ if no, copy of Baptismal Certificate: Yes ☐ No ☐

Parent Volunteer Tuition Waived: ☐

*(ask parent to contact Sharon Willians for fingerprinting, parent must volunteer each Wed.)*

Payment: Amount \$ \_\_\_\_\_ Cash: ☐ Check: ☐ Ck #: \_\_\_\_\_

Received by: \_\_\_\_\_

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

Class Assigned to: \_\_\_\_\_



# Parental/Guardian Medical Information & Consent Form

| Applicant Information   |         |  |                |        |
|---|---------|--|----------------|--------|
| Participant's Name:   |         |  | Date of Birth: |        |
| Address:  | City:   | State:                                 | Zip:           | Phone: |
| Father's Name:  |         | Phone:                                 |                |        |
| Mother's Name:  |         | Phone:                                 |                |        |
| Emergency Contact:  |         | Languages Spoken by Emergency Contact: |                |        |
| Medical Matters   |         |  |                |        |
| <p>I hereby warrant to the best of my knowledge, all the information provided is true and correct and I assume all responsibility for the health of my child. I understand it is my responsibility to update the Medical Information &amp; Consent Form if there are any changes to my child's health. <i>(Please initial)</i> _____</p> <p><b>Emergency Medical Treatment:</b> In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment. <i>(Please initial)</i> _____</p>  |         |  |                |        |
| Family Doctor:  |         | Phone:                                 |                |        |
| <p><b>Medications:</b> I hereby <b>Grant Permission</b> for my child to be given the following provided medications. All medications must be well labeled. [NOTE: Any/all prescription medications must be in original pharmacy container with young person's name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person's name on the container.] I release and hold harmless (entity name) _____, the Diocese of Orlando and any other religious, employees, volunteers, agents and representatives from any injury or harm resulting from administering the medication. <i>(Please initial)</i> _____</p> <p>Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency, are as follows:</p>  |         |  |                |        |
| Medication:   | Dosage: | Administer:                            |                |        |
| Medication:   | Dosage: | Administer:                            |                |        |
| Medication:   | Dosage: | Administer:                            |                |        |
| <p><b>Medical Conditions Information:</b> (Reasonable steps will be taken to keep this information confidential, but it will be shared with Diocesan personnel and others, as warranted.) My son/daughter:</p> <ul style="list-style-type: none"> <li>Is allergic to the following medications _____</li> <li>Has had an episode of the following or has been diagnosed with: <input type="checkbox"/> Seizures <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetic</li> <li>Has had allergic reactions to the following (foods, dyes, latex, etc.) _____</li> <li>Has had a medical surgery within the last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No Still under doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Has a medically prescribed diet <i>(please explain)</i> _____</li> <li>Has the following physical limitations _____</li> <li>Immunizations current and up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last tetanus/diphtheria immunization _____</li> <li>You should also be aware of these special medical conditions of my child: _____</li> </ul> |         |  |                |        |
| Insurance Information   |         |  |                |        |
| <input type="checkbox"/> No, I do not carry medical insurance at this time.<br><input type="checkbox"/> I do carry medical insurance at this time.  |         | Insurance Carrier:                     |                |        |
| Name of Insured:  |         | Insurance Policy Number:               |                |        |

**In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.**

\_\_\_\_\_  
Parent/Guardian Signature  
*(must sign for any participant under 18 or 18 or older & in high school)*

\_\_\_\_\_  
Date



# Image Release Form

(Photography and Image Assignment Waiver, and Release)

I \_\_\_\_\_,  
for valuable consideration received, and for being allowed access to Diocesan property, activities, or events, expressly assign to \_\_\_\_\_ and the Diocese of Orlando, and to all of their current, former, and future agents and related entities (collectively, "the Diocese"), all rights, title and interest in, and to, the use of my and my child/ward's image or likeness, including, but not limited to all videotape recordings, photographs, or audio recordings of, or made by, me and/or my child/ward on Diocesan property, during a Diocesan-sponsored event, or for any other Diocesan purpose ("the Property"). The Diocese shall have, without my consent, the right to assign its rights in the Property, in whole or in part, to any entity, parish, or school within the Diocese of Orlando.

I hereby irrevocably grant the Diocese perpetually and exclusively, the right to use and incorporate (alone or together with other materials), in whole or in part, the Property, in any Diocesan publication, news release, or for any other purpose. Further, I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or distribution of the Property without limitation for any purpose whatsoever, and I further waive all rights to any compensation for my and/or my child/ward's appearance or participation in the Property. I understand and have been advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Diocese. Participants' names would not be identified, however, without specific written consent. I further understand that the Diocese has no control over the use of photographs or film taken by media that may be covering the event in which my child(ren)/ward(s) participate(s).

I hereby waive any claims against and release the Diocese, its current, former, and future religious, employees, volunteers, agents, and successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I and/or my child/ward may have against the Diocese in connection with the Property or the use of the Property.

This release shall not obligate the Diocese to use the Property or to use any of the rights granted hereunder, or to exhibit, distribute, or exploit the Property. I acknowledge that the Diocese cannot control all photographic access to its properties, and that my child/ward's name may be printed with photos/images in various publications, including non-Diocesan publications.

I represent that I am eighteen years of age or older, and that I have read and understand the terms of this Assignment, Waiver, and Release.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

If applicable, name(s) of minor children/wards:  
\_\_\_\_\_  
\_\_\_\_\_