CHILDREN K-6 FAITH FORMATION (K – 7)

OFFICE OF FAITH FORMATION
218 West 1 2'" Street Vancouver, WA 98660-2902
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THE PROTO-CATHEDRAL OF ST. JAMES THE GREATER
CATHOLIC CHURCH · ESTABLISHED IN 1838

218 W 12TH STREET VANCOUVER, WA 98660-2902

Is the child already baptized Catholic? Yes ☐ No ☐

Are you a new family? ☐ or a returning family? ☐

Are you registered parishioners? Yes ☐ No ☐ If not, where? _____

Blue Areas are REQUIRED

Family Name

Email (this is our primary means of communication,)

Residence Address	**State**	**Zip Code**

Mother's Cell Phone	**Father's Cell Phone**

Father's FULL Name (First, Middle, Last)		*Virtus* **Training Completed?** ☐ Yes ☐ No
Mother's FULL MAIDEN Name (First, Middle, Last)		*Virtus* **Training Completed?** ☐ Yes ☐ No
Legal Guardian's FULL Name (First, Middle, Last) – *if applicable*	**Legal Guardian's Cell Phone**	*Virtus* **Training Completed?** ☐ Yes ☐ No

If your child is in the K through 6 grades, or in Confirmation, there is a book fee involved. You must pay a fee of $50.00 per child ($100.00 maximum per family BUT only if you are members of the parish). For non-parishioners, it is $50 per child, regardless of how many children in the family.	Amount included:

Medical Release Information

Health Care Provider	**Phone**	**Group #**

Family Physician	**Phone**

If I cannot be reached, I request that a representative of The Proto-Cathedral of St. James act in the best medical interests of my child. I agree to assume all expenses for medical transportation and medical treatment. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out, based on the medical judgment of the attending physician.

Unless I indicate otherwise in writing, I consent for Proto–Cathedral St. James The Greater to use photographs and videos taken of my child, whose name appears in this registration, for promotional and marketing purposes. I also consent unless I indicate in writing, to names being used in the bulletin.

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

REGISTRANT INFORMATION

		Sex	Age	FF Grade
CHILD 1	**Child's FULL legal name** (First, Middle, Last)			
	Date of birth **Food/Medicine Allergies?**		Needing Sacraments this year? Which?	
	Are there any behavioral or developmental issues? (i.e.: medication or IEP - an individualized education program with the public schools)			
CHILD 2	**Child's FULL legal name** (First, Middle, Last)			
	Date of birth **Food/Medicine Allergies?**		Needing Sacraments this year? Which?	
	Are there any behavioral or developmental issues? (i.e.: medication or IEP - an individualized education program with the public schools)			
CHILD 3	**Child's FULL legal name** (First, Middle, Last)			
	Date of birth **Food/Medicine Allergies?**		Needing Sacraments this year? Which?	
	Are there any behavioral or developmental issues? (i.e.: medication or IEP - an individualized education program with the public schools)			
CHILD 4	**Child's FULL legal name** (First, Middle, Last)			
	Date of birth **Food/Medicine Allergies?**		Needing Sacraments this year? Which?	
	Are there any behavioral or developmental issues? (i.e.: medication or IEP - an individualized education program with the public schools)			
CHILD 5	**Child's FULL legal name** (First, Middle, Last)			
	Date of birth **Food/Medicine Allergies?**		Needing Sacraments this year? Which?	
	Are there any behavioral or developmental issues? (i.e.: medication or IEP - an individualized education program with the public schools)			
CHILD 6	**Child's FULL legal name** (First, Middle, Last)			
	Date of birth **Food/Medicine Allergies?**		Needing Sacraments this year? Which?	
	Are there any behavioral or developmental issues? (i.e.: medication or IEP - an individualized education program with the public schools)			