

**St. Sebastian Catholic Church
Faith Formation
Grades 1 & 2 – Prep for Reconciliation and Eucharist and Basics
REGISTRATION 2015 – 2016**

**PLEASE ATTACH
A COPY OF
YOUR CHILD'S
BAPTISMAL CERTIFICATE**

Child's Name: Please ***print*** name as you want it to appear on the Sacrament Certificate

(FIRST) (MIDDLE) (LAST)

Date of Baptism: ___/___/___

Name of Church, City and State: _____

Date of Birth: ___/___/___ City and State: _____

Grade in School: _____ Name of School: _____

Was your child in Faith Formation last year at St. Sebastian? _____ Yes _____ No

If no, was your child involved in Faith Formation in another parish? _____ Yes _____ No

Name of Parish: _____ City and State: _____

I am registering him/her for: Grade 1 (Prep 1) _____ Grade 2 (Prep 2) _____ Basics _____

Allergies or medical conditions? _____

Father's Name: _____

(FIRST) (MIDDLE) (LAST)

Mother's Maiden Name: _____

(FIRST) (MIDDLE) (LAST)

Home Address: _____

(#, Street or Apt.) (City) (State) (Zip)

Phone Number: (_____) _____ Cell: (_____) _____

E-Mail Address: _____

We wish to receive parish messages via the ONE CALL SYSTEM. Please use the following phone number(s)/e-mail for alerts:

1. _____ 2. _____ 3. _____

We are active, registered members of St. Sebastian. Year of registration: _____

DIOCESAN PERMISSION AND MEDICAL TREATMENT WAIVER

I _____, the parent/guardian of _____ do hereby give my permission for him/her to attend Faith Formation classes on the premises of St. Sebastian Catholic Church located at 13075 US Highway 1, Sebastian, Florida, to be treated for a medical emergency in my absence while participating in this parish program. The Director of Faith Formation or adult supervisor may act as an agent in my absence. In case of accident, I do not hold the Diocese of Palm Beach, the parish of St. Sebastian, its staff or adult supervisor responsible.

In case of emergency, if I am not available at the above listed phone numbers, please contact:

Name: _____ Phone # (____) _____

Cell # (____) _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PHOTOGRAPH AND/OR VIDEOTAPE CONSENT & RELEASE WAIVER

I _____, the parent/guardian of _____ do hereby grant to sponsor (St. Sebastian Catholic Church) the right to photograph/videotape my child. This waiver specifically releases any common law causes of action of claims under Fla. Stat. 540-08 and expressly constitutes permission for publication of name, face, likeness, voice and appearance.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

The preparation process for the sacraments of Reconciliation and Eucharist involves regular attendance at Sunday (Saturday) liturgy

*****\$60.00*** fee is due per registration. This fee covers texts and classroom materials.**

OFFICE USE ONLY

Completed Form Received: _____

Cash: _____ Check: _____

Baptismal Form Attached: _____

Registering For Prep I _____ Prep II _____ Basics _____