

2017 Faith Formation Registration - Grades 6 - 12

Circle One: Middle School (Pre-Confirmation) (Confirmation) (Post Confirmation)
6th-8th Grade Learners Disciples in Disciples in
Aug. - Dec. Sept. - April Training Ministry
Wed. Evenings Sept. - April No Fee

- My child needs to receive Baptism, First Reconciliation, and/or First Eucharist
My 6th, 7th, or 8th grader would like to participate in Faith Formation but is not available Wednesday nights.

Parent Volunteer - please check this box if you would like to help in the Youth Formation Program

The non-refundable, non-transferable book fee of \$30.00 must be paid, in order to reserve space in class.

I am a registered parishioner at:

Child's Full Name: Age: Gender: Birthdate:

Youth's Cell Phone: School: Grade Entering Fall 2017:

Youth's Email: Special Needs:

Child lives with (circle one): Father and Mother / Father / Mother / Legal Guardian

Parent(s)/Guardian(s) Full Name(s):

Full Address: Home Phone:

Cell Phone(s): Email(s):

At least one parent/guardian is required to take the Archdiocesan Safe Environment/Virtus training. If you have taken the class, please list your information: Name: Date:

Other Guardian's Name (not listed above):

Full Address: Home Phone:

Cell Phone: Email:

Sacramental Information:

Date Parish City/ST Zip Code
Baptism:
1st Reconciliation:
1st Eucharist:
Confirmation:

Parent or Guardian's Signature Date:

Please submit the following for our records:

See Reverse Side

- 1. Completed registration form (both sides).
2. Learners: an original Baptismal Certificate (if Baptized at Risen Savior, only date must be provided)
3. Payment: Cash or Checks payable to "Risen Savior Catholic Community"

Office Use Only: Date:
Staff Signature:
Book Fee Paid Cash Check #

Parent/Guardian Permission Slip
Medical Questionnaire /Medical Authorization/Indemnity Agreement

Sponsor of Program/Activity: **Risen Savior Catholic Community**
Program/Activity: **Child & Teen Faith Formation and Sacramental Preparation Programs**
Date of Program/Activity: **Summer 2017 / Fall 2017 / Spring 2018**
Place of Program/Activity: **Risen Savior Catholic Community**

The undersigned, as parent or legal guardian of _____, does hereby give permission for the above named individual to attend the described program/activity. As parent and/or legal guardian of the above named individual, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Risen Savior Catholic Community, its officers, directors, employees and agents, and the Archdiocese of Santa Fe, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Santa Fe, its employees and agents and chaperones, or representative associated with the event for reasonable attorneys' fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish or the Archdiocese of Santa Fe.

It is possible that at times leadership team members may take photographs or videos of events in which your child may be participating. By signing this you acknowledge that your child may be photographed during the course of their participation and those photographs may be used/published for church purposes.

I hereby authorize the Supervisor of the activity or his/her designee to act in my behalf to authorize such medical attention, surgery, or other health care services, as may be recommended in an emergency situation while participating in the activity. If the below named physician cannot be reached, I hereby authorize any licensed physician or medical center to treat my child.

Medical Questionnaire

Parent/Guardian Name(s): _____

Parent/Guardian Phone: _____
Home _____ Work _____ Cell _____

In case of an emergency, a parent/guardian is contacted first. If unable to reach parent/guardian, please contact: **|**

First ~ Name: _____ Phone: _____ Relationship: _____

Second ~ Name: _____ Phone: _____ Relationship: _____

Name of Physician _____ Phone _____ Hospital Preference: _____

Does your child have any physical, mental, or emotional concerns that we need to be aware of? If yes, explain.

Is your child allergic to any food or medicines? No _____ Yes _____ If yes, what: _____

Does this child have any special needs? No _____ Yes _____ If yes, what: _____

Does this child have difficulties with any of the following? (If so, please explain):

Asthma ADD Autism Hyperactivity Eyesight Reading Writing Speaking Hearing

Other notes: _____

Please list any medications your child is taking: _____

~~I hereby authorize the Supervisor of the activity or his/her designee to administer the following medication to my child according to the instructions described here:~~

~~Medication: _____~~

~~Directions: _____~~

~~If the medication is prescribed by a doctor, the prescription in its original container will be provided to the Supervisor of the activity.~~

I have read and completed the above information and certify that I have disclosed all medical information regarding my child.

Signature _____ Date _____
Parent/Guardian