



**Faith Formation, Youth Ministry and  
Sacramental Preparation Programs  
2016-2017**

**Registration, Health and Permission Form**

Office of Faith Formation, Saint Kateri Parish, 445 Kings Hwy S. Rochester, NY 14617

**OFFICE USE ONLY**

FF Amt: \_\_\_\_\_ Sacramental Prep. Amt: \_\_\_\_\_

Total Amount \_\_\_\_\_ Cash  Check # \_\_\_\_\_

Date \_\_\_\_\_ Rec'd by \_\_\_\_\_

Child Last Name \_\_\_\_\_ Child First Name \_\_\_\_\_  
 Address \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex F \_\_\_ M \_\_\_ School \_\_\_\_\_ Grade in Fall 2016 \_\_\_\_\_  
 Primary Phone (\_\_\_\_\_) - \_\_\_\_\_ Parish Registered \_\_\_\_\_  
 Location and Grade of Last Religion/Faith Formation Classes or Catholic School: \_\_\_\_\_

**Mother/Guardian Information**

First and Last Name \_\_\_\_\_  
 Maiden Name \_\_\_\_\_  
 Address if different from child \_\_\_\_\_  
 Work Phone ( ) \_\_\_\_\_  
 Cell Phone ( ) \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

**Father/Guardian Information**

First and Last Name \_\_\_\_\_  
 Address if different from child \_\_\_\_\_  
 Work Phone ( ) \_\_\_\_\_  
 Cell Phone ( ) \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

**Emergency Contact if Parent/Guardian is Not Available**

Name/Relationship: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_

**List any allergies or special needs/concerns/dietary restrictions, health concerns:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**List any medications (prescription and non-prescription) currently taking—include dosage:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Health Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical emergencies only, and for the release of medical records to an attending health care professional in case of illness. I understand that every effort will be made to contact the parent/guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child.

I appoint the designated parish faith formation facilitator to act on my behalf in authorizing necessary emergency medical, dental, surgical care, and hospitalization necessary to protect the child's life and health while he/she is participating in any parish faith formation, youth ministry and sacramental preparation sessions.

**I give permission to use pictures of my child (without identifying by name) in parish publications.** Yes  No

\*\*\*Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_