

# Faith Formation Family Registration 2010-2011

St. Stanislaus Parish Faith Formation 838 Fremont Street, Stevens Point, WI 54481 344-1448

Please fill out this form and return it to the St. Stanislaus Faith Formation Office. List the name of each child and check the appropriate box for the grade level. If at all possible, please send a check for payment along with the registration form.

Parents' Names \_\_\_\_\_  
Last
Father
Mother
Address
City
ZIP

Contact Information \_\_\_\_\_  
Home phone
Other phone - work or cell (circle one)
E-mail address

	Grade →	1	2 <small>1<sup>st</sup> Reconciliation 1<sup>st</sup> Eucharist</small>	3	4	5	6	7	8	9	10-12	
Student's Name↓ <small>(Include last name if different from parent)</small>	Student's School↓	\$50	Gr. 2 FF -\$50 1 <sup>st</sup> Rec. - \$15 1 <sup>st</sup> Euch - \$15	\$50	\$50	\$50	\$50	\$50	\$50	\$50	Send no fee now	Fee ↓
1.												
2.												
3.												
4.												
5.												

Maximum fee per family is \$150

Total fee due \_\_\_\_\_

Be sure to send us in Confirmation information (9<sup>th</sup> grade and up) to be mailed in November.

Payment \_\_\_\_\_

For office use → Receipt or check number \_\_\_\_\_ Date \_\_\_\_\_

Balance due \_\_\_\_\_

**Please fill out medical information for each child and field trip permission on back of this form.**

## Emergency Medical Information

(List any pertinent medical information that the Faith Formation Office should know)

Child's name _____	Health Information _____
Child's name _____	Health Information _____
Child's name _____	Health Information _____

## Emergency Contact/Medical Treatment

In the event of an emergency, and if unable to reach parent(s) at the phone numbers on the registration form or one of the numbers listed below, I hereby give permission to transport my child(ren) to a hospital for emergency medical treatment. Staff will remain with child until responsible adult arrives.

Alternate Name _____	Phone Number _____
Relationship to Child _____	Family Doctor _____
Doctor's Phone Number _____	

## Permission to Use Student Photos

You have my permission to use student(s) photos for promotional purposes (examples: advertising an event in flyers, on the web, etc.) Names will not be posted or published with photos to protect the children.

Parent(s) signature \_\_\_\_\_ Date \_\_\_\_\_

## Permission for events held at St. Stanislaus

I hereby give permission for my registered child(ren) to participate in events and activities that are held at St. Stanislaus School/Church. I agree to defend, protect, indemnify and hold harmless St. Stanislaus Parish, the Diocese of La Crosse and its Bishop against and from all claims arising from the negligence or fault of the participant that causes damage to property or injury to others.

Parent(s) signature \_\_\_\_\_ Date \_\_\_\_\_