



# Family Faith Formation

Today's Date: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Catholic  Yes  No  
*First Last*

Mother's Name: \_\_\_\_\_ Catholic  Yes  No  
*First Maiden Last*

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

**Parents:** Are you a registered and active parishioner of All Saints Parish?  Yes  No

If no, please provide parish you are registered in: \_\_\_\_\_

**\*\*Candidates for 1<sup>st</sup> penance/ 1<sup>st</sup> Holy Communion, and Confirmation need to fill out the forms for those Sacraments.**

Student's Name	Date of Birth	Grade	Male/Female	Baptized	Penance/Holy Communion	Confirmation
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any persons who may alternately pick up your child: \_\_\_\_\_

Please list persons, if any, who do **not** have permission to pick up your child: \_\_\_\_\_

**Health Info** Please list any physical and/or learning needs, and health concerns ( including food allergies and medications) that we should know about (please write NONE if applicable):

**Emergency Information** in case of an emergency **if parent cannot be reached?**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Health Insurance Co. \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Physician/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

**Consent for treatment:**

In case of a minor accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician’s instructions. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary. In case of serious accident or illness, I authorize that the representatives of the parish catechetical program to call 911 immediately. I agree to assume the financial responsibility for any diagnosis, treatment and /or medication deemed necessary. To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize, the necessary procedures that have been stated above.

Signature of parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_