

**Saint Rita Catholic Church Faith Formation
Registration Form**

LEGAL AND CUSTODY INFORMATION

Please provide the Director of Faith Formation with all court orders if applicable.

Parent/Guardian (Please provide information on parent/guardian with whom the child lives.)

1. Full Name: _____ Cell Phone: () _____

Address: _____ City: _____ State: _____ Zip

Code: _____ E-mail address: () _____

Home Phone: () _____

Work No.: () _____

Relationship to child (please circle) Mother Father Legal Guardian Other (specify) _____

2. Full Name: _____ Cell Phone: () _____

Address (if Different) _____ City: _____ State: _____ Zip Code: _____

E-mail address: () _____

Home Phone: () _____

Work No.: () _____

Relationship to child (please circle) Mother Father Legal Guardian Other (specify) _____

Information for Parent/Guardian with whom the child does NOT live if applicable.

1. Full Name _____ Home Phone: () _____

Address: _____ Cell Phone: () _____

E-mail address: _____ Work No.: () _____

Relationship to child (please circle) Mother Father Legal Guardian Other (specify) _____

2. Full Name _____ Home Phone: () _____

Address: _____ Cell Phone: () _____

E-mail address: _____ Work No.: () _____

Relationship to child (please circle) Mother Father Legal Guardian Other (specify) _____

List local relatives, neighbors, or friends who have your permission to assume temporary care of your child if you cannot be reached or to whom your child may be released for transportation

Name: _____ Phone No.: () _____ Work/Cell No.: () _____

Relationship: _____

Name: _____ Phone No.: () _____ Work/Cell No.: () _____

Relationship: _____

****In case of an accident or serious illness, reasonable efforts will be made to contact the student's parent/guardian. If necessary, 911 will be called and the student will be taken to the nearest hospital according to the decision of emergency personnel.**

PLEASE COMPLETE ALL PAGES

STUDENT INFORMATION (One form per child)

Student's Full Name: _____ M/F Date of Birth _____ Age _____ Grade: _____
Baptism Date: ___/___/___ Location: _____ Communion Date: ___/___/___ Location: _____

CURRENT MEDICAL CONCERNS

Please check below any health condition(s) your son/daughter may have:

- No, my son/daughter has no chronic health conditions.**
- Yes, my son/daughter has chronic health conditions.**

If "Yes", a chronic health condition exists, please check all that apply.

- ADD/ADHD Epilepsy/Seizures Orthopedic Disorder Nosebleeds
- Allergies Type? _____ Cardiac Problems Mental/Emotional Disorder

- Asthma other _____

Medication cannot be administered or taken during Faith Formation sessions. If a special circumstance regarding Medications is required, contact to the Director of Faith Formation directly.

****In case of an accident or serious illness, reasonable efforts will be made to contact the student's parent/guardian. If necessary, 911 will be called and the student will be taken to the nearest hospital according to the decision of emergency personnel. ****

Medication information to be provided to emergency personnel if needed.

Does he/she take any medication on a regular basis? Yes No

If yes, please complete the following: Name of Medication: _____

I hereby register my child/children at the St. Rita Catholic Church Faith Formation program. My signature certifies my authorization to permit my child to attend Faith Formation instruction according to the Diocese of St. Petersburg guidelines

***Signature:** _____ **Printed Name:** _____ **Date:** _____

Parent/Guardian

***Signature:** _____ **Printed Name:** _____ **Date:** _____

Parent/Guardian