

FAITH FORMATION REGISTRATION

FAMILY LAST NAME _____ Date _____

Address _____

Parents/ Guardians: married/single/separated/divorced. (Please circle one)

Dad _____ Spouse, if not mom _____
First & Last name First & Last name

Mom _____ Maiden Name _____
First & Last name

Spouse, if not dad _____
First & Last name

Current Contact Information:

Home _____ cell -mom _____ cell - dad _____

Email _____ **OUR PRIMARY MEANS OF COMMUNICATION!**

If divorced, primary contact _____

STUDENT INFORMATION

1). Student Name: _____
Last First Middle Nickname

Personal Information:

2017/18 Grade: _____ Gender: _____ Birth date: _____ Primary Language _____
School: _____ Birth Place: (City/State) _____

Class Selection (circle selection): Sun 6:15 pm Wed 4:45 pm Wed 6:15 pm RCIA
(Pre-k - 12th grade) (Pre-k - 6th grade) (Pre-k - 6th grade)

Faith Formation or Catholic School Attendance:

_____ Grades Attended 1 2 3 4 5 6 7 8 9 10 11 12
Parish City/State

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Parish City/State

Sacraments:

Baptism: Age Received _____ Parish name with City/State: _____

Penance: Grade received _____ Parish name with City/State: _____

Confirmation: Grade received _____ Parish name with City/State: _____

Communion/Eucharist : Grade received _____ Parish name with City/State: _____

2). Student Name: _____

Last

First

Middle

Nickname

Personal Information:

2017/18 Grade: _____ Gender: _____ Birth date: _____ Primary Language _____

School: _____ Birth Place: (City/State) _____

Class Selection (circle selection): Sun 6:15 pm (Pre-k - 12th grade) Wed 4:45 pm (Pre-k - 6th grade) Wed 6:15 pm (Pre-k - 6th grade) RCIA

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Communion/Eucharist : Grade received _____ Parish name with City/State: _____

3). Student Name: _____

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First

Middle

Nickname

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Communion/Eucharist : Grade received _____ Parish name with City/State: _____

4) Student Name: _____

Last

First

Middle

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Confirmation: Grade received _____ Parish name with City/State: _____

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Last

First

Middle

Nickname

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Sacraments:

Baptism: Age Received _____ Parish name with City/State: _____

Penance: Grade received _____ Parish name with City/State: _____

Confirmation: Grade received _____ Parish name with City/State: _____

Communion/Eucharist : Grade received _____ Parish name with City/State: _____

Media Release

****PLEASE NOTE**** Ave Maria Catholic Church takes photographs and video footage of children, youth, and adult activities. This material is used for sharing our proudest achievements and special events with the Parish and Diocese of Colorado Springs. Please sign to acknowledge that your child may be photographed to share within our Parish and Diocese of Colorado Springs.

Parent signature

EMERGENCY CONTACTS

Please note: Emergency Contacts are NOT parents.

1) Name _____

Relationship to student _____

Phones: Home _____

Cell _____

2) Name _____

Relationship to student _____

Phones: Home _____

Cell _____

IN ORDER TO BEST SERVE YOUR CHILD IN THE CLASSROOM, WE NEED TO KNOW OF ANY MEDICAL CONDITIONS OR SPECIAL INSTRUCTIONS, PHYSICAL OR PSYCHOLOGICAL IMPAIRMENTS (I.E. ALLERGIES, LEARNING DISABILITIES, ETC.)

Name: _____ Concern: _____

Name: _____ Concern: _____

Name: _____ Concern: _____

Name: _____ Concern: _____

Name: _____ Concern: _____

Name: _____ Concern: _____

Please use additional paper if necessary.

ACTIVITY RELEASE

For those 18 years of age or older, all parents, and all guardians:

I consent for any of my children listed below to participate in any activity or trip sponsored by the Diocese of Colorado Springs or its affiliates* (collectively, "the Diocese"). In case of medical need, I authorize the Diocese to arrange for medical or dental services for me and any of my children listed below. I agree that any such expense will be my obligation.

I, individually, and in my capacities as parent, guardian, or next friend of my children:

_____ waive, release, and indemnify the Diocese and its agents, directors, officers, employees, and volunteers (collectively, the "Released Parties") from all claims or liability which have arisen or may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue any of the Released Parties for any such claims or liability. This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct or gross negligence.

This Activity Release is revocable prospectively only by a writing signed by me which bears the date that the revocation is delivered to the Diocese.

_____ Date Signature _____

_____ Date Signature _____

Home phone: _____ Work phone: _____ Mobile phone: _____

Medical Insurance Company and Policy Number: _____

Authorized Medications: _____

Family Physician/Emergency Contact and Phone: _____

Special considerations or needs (allergies, asthma, etc.) _____

For all those over 14 and under 18 years of age:

I waive, release, and indemnify the Released Parties as identified above from all claims or liability which has arisen or which may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me or my property.

_____ Date Signature _____ Date Signature _____

*"Affiliates" includes all Diocesan parishes, missions, schools, and ministries and also Catholic Charities of Colorado Springs, Inc., Partners in Housing, Inc., Ave Maria Catholic School Corporation, and the Catholic Foundation of the Diocese of Colorado Springs, Inc., Villa San Jose & Villa Santa Maria, Queen of Heaven Cemetery.