

REGISTRATION FEE - \$25 PER CHILD (Not to exceed \$75 per family). Make check payable to Parish you are registered as a parishioner - SJB or GSC. If you are mailing this form, please send it and check to either: SJB, P.O. Box 919, Conyngham, Pa. 18219 or GSC, 87 S. Hunter Highway, Drums, Pa. 18222.

Family Last Name _____

Mailing Address _____ City _____

Zip Code _____ Home Phone _____ Cell _____

Frequently checked E-mail (We will use e-mail more frequently) _____

My Child/Children will attend Faith Formation at SJB(SUNDAY) or GSC(MONDAY)(PLEASE CIRCLE)

Is this family registered as parishioners of SJB or GSC ? (PLEASE CIRCLE ONE)

If NO what is the name and address of your Parish _____

Last Name of Student (s) (if different from family name) _____

CHILD #1. First Name _____ Date of Birth _____

Date Baptized _____ Place Baptized _____

Grade Entering in Sept _____ School Attending _____

The student resides with: CHECK ALL THAT APPLY)

____ Both Parents ____ Father ____ Mother ____ Alternating weekends ____ Other _____

Which Sacrament(s) has the child ALREADY RECEIVED(CHECK ALL THAT APPLY)

____ NONE ____ Baptism ____ Reconciliation ____ First Eucharist ____ Confirmation

Please List **any special information** (incl. medical, allergies, medications, conditions, disabilities, etc.) which we may need to be aware of concerning this child:

CHILD #2. First Name _____ Date of Birth _____

Date Baptized _____ Place Baptized _____

Grade Entering in Sept _____ School Attending _____

The student resides with: CHECK ALL THAT APPLY)

____ Both Parents ____ Father ____ Mother ____ Alternating weekends ____ Other _____

Which Sacrament(s) has the child ALREADY RECEIVED (CHECK ALL THAT APPLY)

____ NONE ____ Baptism ____ Reconciliation ____ First Eucharist ____ Confirmation

Please **List any special information** (incl. medical, allergies, medications, conditions, disabilities, etc.) which we may need to be aware of concerning this child:

CHILD #3. First Name _____ Date of Birth _____

Date Baptized _____ Place Baptized _____

Grade Entering in Sept _____ School Attending _____

The student resides with: CHECK ALL THAT APPLY)

____ Both Parents ____ Father ____ Mother ____ Alternating weekends ____ Other _____

Which Sacrament(s) has the child ALREADY RECEIVED(CHECK ALL THAT APPLY)

____ NONE ____ Baptism ____ Reconciliation ____ First Eucharist ____ Confirmation

Please **List any special information** (incl. medical, allergies, medications, conditions, disabilities, etc.) which we may need to be aware of concerning this child: _____

CHILD #4. First Name _____ Date of Birth _____

Date Baptized _____ Place Baptized _____

Grade Entering in Sept _____ School Attending _____

The student resides with: CHECK ALL THAT APPLY)

____ Both Parents ____ Father ____ Mother ____ Alternating weekends ____ Other _____

Which Sacrament(s) has the child ALREADY RECEIVED (CHECK ALL THAT APPLY)

____ NONE ____ Baptism ____ Reconciliation ____ First Eucharist ____ Confirmation

OVER PLEASE

Parent Information – must have # you can be reached in the event your child becomes sick during class

Father's Name _____ Religion _____ Work or Cell _____

Mother's Name _____ Religion _____ Work or Cell _____

Mother's Maiden Name _____

Emergency Contact – If unable to contact Parents for any reason, please call:

Name _____ Phone _____ Relationship _____

SPORTS – Please complete and sign if your child/children will be involved in sports.

Name #1: _____ ; GRADE _____

Name of Sport _____

Time Period student will be missing from Faith Formation because of the sport: _____

Name #2 _____ ; GRADE _____

Name of Sport _____

Time Period student will be missing from Faith Formation because of the sport: _____

Name #3 _____ ; GRADE _____

Name of Sport _____

Time Period student will be missing from Faith Formation because of the sport: _____

***Because student will be missing from Faith Formation I/We as parents will pick-up the student lessons and do lessons at home until the student can return to the classroom.**

Parent Signature _____

***Should the parents not comply with the above statement students in a sacrament year will be in jeopardy of receiving the sacrament.**

YOUTH GROUP REGISTRATION Combined SJB/GSC – Students will be involved in Youth Ministry

Please Check One or More: Grade Level 6th _____ 7th & 8th _____ 9th thru 12th _____

PARENT COMMITMENT/HANDBOOK AGREEMENT

We as parents recognize that we are the primary educators of our child who is enrolled in the Faith Formation Program at SJB/GSC and that we bear the primary responsibility for the Faith Development of our child. With this in mind, during this coming school year, *WE WILL HELP* our child at home to memorize the basic prayers & information that is sent home by the teachers with our children. We will also take the time each week to discuss the materials covered in class and (if any) discuss and complete handouts distributed to the students. We will support the parish to defray the cost of the program by the registration fee. But above all we will see that our children fulfill the serious obligation of every Catholic by participating in Mass on every Sunday and Holy Days of Obligation throughout the year. We will do everything we can to set a good example for our child and others in the daily practice of Faith. We will take any necessary measures at home to insure the satisfactory behavior of our child in class and recognize the right of the Faith Formation Office to exclude our child, if necessary, for causing or participating in continued disciplinary problems in the classroom. We agree to do everything possible to fulfill all the terms of this Agreement and *CONFIRM THAT THE FAITH FORMATION HANDBOOK* will be read and discussed with our child and in doing so we submit this application to SJB/GSC Faith Formation Office for the year 2009-2010.

DATE _____

SIGNATURE _____

The undersigned so hereby release, forever discharge and agree to hold harmless, St John Bosco Parish/Good Shepherd, Pastor, DRE, Volunteer Staff from all liability, claims, demands, lawsuits and expenses of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or participant (if participant is under 18 or over 18 years of age).

Parent(s) or Legal Guardian Signature:

Signature _____ Date _____