

**FAITH FORMATION PROGRAM FAMILY REGISTRATION FORM****2023-2024***(Please complete the entire form and sign where necessary. This form must be returned before children can attend the program)***Book & Materials Fee** *(This fee helps offset the cost of operating the program but does not cover the full expense to the parish. If you are going through financial hardship, please talk to us about scholarship opportunities.)*

\$ 85.00 per child for non-parishioners

\$ 50.00 per family w/ one child (Discounted for Registered Parishioners)

\$ 85.00 per family w/ two children

\$100.00 per family w/ three or more children

Family Name _____	
Father's Name _____	Mother's Name _____
Mother's Maiden Name _____	
Address _____	
Mailing Address _____	
City, State, Zip _____	
Home Telephone Number _____	Cell Number _____
Email Address _____	
Emergency Contact Numbers _____	
_____	

*Copies of Baptismal, First Reconciliation and First Communion Certificates are required if these sacraments were not received at St. Francis Xavier Parish. **Please provide copies for new children only at the time of registration.*****Child #1**

Name \_\_\_\_\_ Gender \_\_\_\_\_

School \_\_\_\_\_ Grade Level for 2023-24 \_\_\_\_\_

Date of Birth \_\_\_\_\_

*Sacrament info for new child only:* Church & date of Baptism \_\_\_\_\_

First Reconciliation Date \_\_\_\_\_ First Communion Date \_\_\_\_\_

Special needs/allergies:

**Child #2**

School \_\_\_\_\_ Grade Level for 2023-24 \_\_\_\_\_

Date of Birth \_\_\_\_\_

*Sacrament info for new child only:* Church & date of Baptism \_\_\_\_\_

First Reconciliation Date \_\_\_\_\_ First Communion Date \_\_\_\_\_

Special needs/allergies:

**Child #3**

School \_\_\_\_\_ Grade Level for 2023-24 \_\_\_\_\_

Date of Birth \_\_\_\_\_

*Sacrament info for new child only:* Church & date of Baptism \_\_\_\_\_

First Reconciliation Date \_\_\_\_\_ First Communion Date \_\_\_\_\_

Special needs/allergies:

*(continued on back)*

Child #4  
School \_\_\_\_\_ Grade Level for 2023-24 \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
*Sacrament info for new child only:* Church & date of Baptism \_\_\_\_\_  
First Reconciliation Date \_\_\_\_\_ First Communion Date \_\_\_\_\_  
Special needs/allergies:

Child #5  
School \_\_\_\_\_ Grade Level for 2023-24 \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
*Sacrament info for new child only:* Church & date of Baptism \_\_\_\_\_  
First Reconciliation Date \_\_\_\_\_ First Communion Date \_\_\_\_\_  
Special needs/allergies:

**Grades K-5** list name and phone number of the person(s) who is permitted to pick up your child. Students will only be released to those authorized to pick up unless prior written permission has been given.

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

***In the event of emergency***, only a parent is permitted to pick up their child and is required to provide a form of identification before the child can be released.

Children live with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_  
Step Parent in residence (if applicable) \_\_\_\_\_  
Children will be picked up by: \_\_\_\_\_ Parents  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_

If parents are separated or divorced and the non-custodial parent will be picking up the child/children please give the name, address and telephone number. This is important in the event of an emergency.

***Authorization to Act and Disclaimer:***

In case of accident or illness the adults (Staff member or Catechist) in charge have my/our permission to secure medical treatment for my/our child if I/we or my emergency contact cannot be reached. I/we for myself/ourselves and for my/our child, my/our respective heirs and my/our respective legal representatives, so hereby indemnify hold harmless any representatives of the Diocese of Erie and supervising adults from the parish from any and all claims, demands and causes of action of whatever kind and nature for their actions taken pursuant to this authority. I/we agree that in the case of injury or illness to my/our child, I/we will apply my/our hospitalization and or accident insurance toward the payment of the expenses incurred.

I/we hereby release and save harmless the Diocese of Erie, Saint Francis Xavier Church, their agents, successors, legal representatives and any and all of its employees and volunteers from any and all liability for any and all harm arising to my/our child as a result of their participation in any of the events of the Religious Education Program

**(At least one parent or guardian must sign)**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

***Child Protection In-Service***

In accordance with Diocesan Policy, a child protection in-service is provided to all children registered in the program each year. (Diocesan Policy can be found at [www.eriercd.org](http://www.eriercd.org)) A child protection/safe environment in-service will take place in every grade level. Parents can refuse this In-service for their children by writing a refusal letter and mailing to the Religious Education office or emailing the Religious Education office and materials will be provided in order that the parent can complete the In-service at home.