

Date Received: \_\_\_\_\_

## Faith Formation Registration Form 2022- 2023

### Holy Family Catholic Church

1453 North Road Street, Elizabeth City, NC 27909

Phone: (252) 338- 2521 Email: hfoffice@hfecity.org

**ALL FIELDS ARE REQUIRED. PLEASE COMPLETE THIS FORM LEDGIBLY.**

CHILD FULL NAME	DOB AND POB	GRADE	BAPTISM: CHURCH/CITY/DATE	FIRST COMMUNION: CHURCH/CITY/DATE

\_\_\_Baptismal Record Provided **MUST PROVIDE A COPY OF BAPTISMAL CERTIFICATE.**

(Return with the registration form or you may have confirmation of mailed request to church of baptism)

\_\_\_My child has not received the Sacrament of *Baptism*\*. Please contact the parish office for more information.

**In order to enroll in Faith Formation your family must be registered in our Parish. Are you registered in our parish? \_\_\_ yes \_\_\_ no**

**Faith Formation Fee:** \$25.00 per child \$75.00 per Family. Assistance with the fee is available.

#### **PARENTS INFORMATION: (PLEASE PRINT ALL FIELDS LEDGIBLY)**

\*Mother's name: \_\_\_\_\_ Religion: \_\_\_\_\_

\*Father's name: \_\_\_\_\_ Religion: \_\_\_\_\_

\*Do both parents reside in the same home? \_\_\_yes / no\_\_\_ If NO, child resides with: \_\_\_\_\_

\*Address: (street/city/zip code) \_\_\_\_\_

\*Email Address (print clearly): \_\_\_\_\_ Home #: \_\_\_\_\_

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

#### **EMERGENCY CONTACT (OTHER THAN THE PARENTS):**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list at least three persons who can pick up your child from Faith Formation classes. Children will **ONLY** be allowed to leave with legal guardians and those listed here.

**THEY MUST COME INSIDE TO SIGN IN AND OUT AT THE CLASSROOM.**

#### **Parents' Pledge:**

- I acknowledge that I am the *primary catechist* of my child's faith development.
- I will *actively participate within the life of the Church* (attend Sunday Mass weekly, attend Holy Days of obligation, pray and encourage my family to pray, learn more about my Catholic faith through *lifelong* formation). I will stress the importance of attending Mass a priority over other scheduled activities.
- *I will attend Family Catechesis events and all required parent meetings.*

(Signature agreeing to Parents' Pledge) \_\_\_\_\_ Date \_\_\_\_\_

Date Received: \_\_\_\_\_

<b>SPECIAL NEEDS: YES/ NO</b>	<b>ALLERGIES: YES/ NO</b>	<b>TAKING MEDICATIONS: YES/NO</b>	<b>Give details of any other physical or emotional condition of which we need to be aware of?</b>
NAME: DETAILS:	NAME: DETAILS:	NAME: DETAILS:	NAME: DETAILS:
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**Please check which Mass your family regularly attends:**

Saturday Evening Mass \_\_\_\_\_ Sunday Morning Mass \_\_\_\_\_ Spanish Mass \_\_\_\_\_

\*Children receiving Sacraments of Reconciliation & Eucharist are encouraged to have completed one year of religious education prior to their Sacrament year OR parents and students must speak with Father Nick. Students and their parents **must attend Mass regularly** and parents must also attend **sacrament meetings as well as be active participants** in their child's religious education.

*As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above-named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Catholic Diocese of Raleigh, Holy Family Catholic Church, their employees and agents, chaperons, or representatives associated with the event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese and/or Holy Family Catholic Church, their employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese and/or Holy Family Catholic Church.*

*I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, I give permission for the noted emergency contact to be notified. I will not hold the Diocese of Raleigh and/or Holy Family Catholic Church responsible for authorizing any medical treatment beyond necessary transportation to the hospital.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I give permission for pictures and/or video of my child (named above) engaged in activities related to Holy Family Catholic Church to have their pictures posted in publications or websites. Names of participants will not be used without expressed permission from the parent or guardian. If no box is checked below, the Holy Family Catholic Church assumes you give permission.*

**\_\_Yes \_\_No**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_