

Generations of Faith

Inter generational, Lifelong Faith Formation for Individuals, Couples and Families.
St. Sebastian Catholic Church, Sebastian Florida

FAMILY LAST NAME: _____ 2009-2010

Father's First Name: _____ Mother's First Name: _____

Address: _____ City: _____

Zip: _____ Home Phone: _____

Father's Cell: _____ Mother's Cell: _____

Father's Work: _____ Mother's Work: _____

Home E-Mail: _____ Best way to be contacted: _____

Emergency Contact and number: _____

THIS IS A REGISTRATION FOR:
(Please check the one answer that applies)

_____ Individual _____ Couple _____ Family with 1 child

_____ Family with 2 children _____ Family with 3 children _____ Family with 4+ children

Please include information for ALL children, including infants and toddlers under age 3 –
Staffing requires a definite head count – all gatherings include a simple meal/refreshments.

Please select a gathering day/time:

_____ Sunday 10:30 to 12:00 _____ Wednesday 6:00 to 7:30

NOTE! If you need to change your Gathering Day, Please notify the office (772 -589-4147) in advance
Urgent changes only please!

NECESSARY INFORMATION ABOUT EACH CHILD

#1. Name: _____ DOB: _____ Age: _____ Current Grade _____

Does your child have allergies or special needs? _____

Sacraments already received – Y/N:

_____ Baptism _____ Reconciliation _____ Communion _____ Confirmation

Sacraments needed this year: _____

#2. Name: _____ DOB: _____ Age: _____ Grade 09-10 _____

Does your child have allergies or special needs? _____

Sacraments already received – Y/N:
_____ Baptism _____ Reconciliation _____ Communion _____ Confirmation

Sacraments needed this year: _____

#3. Name: _____ DOB: _____ Age: _____ Grade 09-10 _____

Does your child have allergies or special needs? _____

Sacraments already received – Y/N:
_____ Baptism _____ Reconciliation _____ Communion _____ Confirmation

Sacraments needed this year: _____

#4. Name: _____ DOB: _____ Age: _____ Grade 09-10 _____

Does your child have allergies or special needs? _____

Sacraments already received – Y/N:
_____ Baptism _____ Reconciliation _____ Communion _____ Confirmation

Sacraments needed this year: _____

PERMISSION AND MEDICAL TREATMENT WAIVER

I _____, the parent/guardian of _____ do hereby give my permission for him/her to attend faith formation classes on the premises of St. Sebastian Catholic Church located at 13075 US Highway 1, Sebastian, Florida, to be treated for a medical emergency in my absence while participating in the faith formation program. The Director of Religious Education or adult supervisor may act as an agent in my absence. In case of accident, I do not hold the Diocese of Palm Beach, the parish of St. Sebastian, its staff or adult supervisor responsible.

Parent/Guardian Signature: _____ Date: _____

FEES ARE AS FOLLOWS:

- | | | | |
|-------------------|---|----------|--------------------------------|
| Individual | = | \$40.00 | ***** |
| Couple | = | \$50.00 | * Office Use Only |
| Family/1 child | = | \$65.00 | * |
| Family/2 children | = | \$75.00 | * CASH - \$ _____ DATE - _____ |
| Family/3 children | = | \$85.00 | * |
| Family/4 children | = | \$100.00 | * CHECK – AMT. _____ CK# _____ |
| | | | * |
| | | | * INITIALS _____ |

Total Enclosed \$ _____