

**St. Sebastian Catholic Church  
Faith Formation  
REGISTRATION 2010-2011**

**PLEASE PRINT ALL INFORMATION:**

**Student Name:** \_\_\_\_\_ **Age** \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

**Address:** \_\_\_\_\_  
( # Street) (City) (State) (zip)

**Home Phone:** \_\_\_\_\_ **Family E-mail:** \_\_\_\_\_

Child resides with: (Circle which apply) **Father** **Mother** **Both** **Guardian** ( If guardian; please give us name and contact info if different from above)

<u>Sacraments Received</u>	<u>Date</u>	<u>Name of Church, City and State</u>
_____ <b>Baptism</b>	___ / ___ / ___	_____
_____ <b>Reconciliation</b>	___ / ___ / ___	_____
_____ <b>Eucharist</b>	___ / ___ / ___	_____

**Date of Birth:** \_\_\_ / \_\_\_ / \_\_\_ **City and State of Birth:** \_\_\_\_\_

**Grade in School:** \_\_\_\_\_ **Name of School:** \_\_\_\_\_

Was your child involved in Faith Formation here at St. Sebastian last year? \_\_\_\_\_ Yes \_\_\_\_\_ No

What grades has your child participated in Faith Formation here at St. Sebastian? Circle all that apply:  
K 1 2 3 4 5 6

Was your child involved in Faith Formation in another parish? \_\_\_\_\_ Yes \_\_\_\_\_ No **Grades:** \_\_\_\_\_

**Name of Parish:** \_\_\_\_\_ **City and State:** \_\_\_\_\_

**Registering for Faith Formation Grade:** \_\_\_\_\_ **for the 2010-2011. CLASSES WILL BE HELD ON SUNDAY MORNINGS 10:45 —11:50AM**

**FAMILY INFORMATION:**

**Father's Name:** \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

**Work Number:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

**Work Number:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Best way to be contacted:** \_\_\_\_\_

We wish to receive parish messages via the ONE CALL ALERT SYSTEM. Please use the following phone number(s)/ e-mail for alerts. 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

We are active, registered members of St. Sebastian. Year of registration: \_\_\_\_\_ Envelope # \_\_\_\_\_

**Diocesan 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 this parish program. The Director of Faith Formation 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.

In case of an emergency, if I am not available at the above listed phone numbers, please contact:

Name: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
Cell# (\_\_\_\_\_) \_\_\_\_\_

PARENT/ GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\* \$60.00 Fee is due per child/ per registration. This fee covers texts, classroom materials and Generations of Faith materials.**

**DUE: July 1, 2010 with registration. Registering by July 1st allows us to order books and materials in a timely manner as well as secure catechists. Faith Formation Classes will be held on Sunday mornings from 10:45 until 11:50.**

**LATE Fee of \$10.00 per registration applies AFTER July 1, 2010.**

**Please attach a copy of your child's Baptismal Certificate if your child was not baptized here.**

**OFFICE USE ONLY**

Completed Form Received: \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_

Baptismal Form Attached: \_\_\_\_\_

Registering for grade: \_\_\_\_\_

Completed registration is due in Full by July 1, 2010. If you have a financial concern, please contact Sister Susan at 589-4147. Some assistance is available for active, registered parishioners. We want ALL children to participate Regardless of ability to pay. We are committed to "passing on our Faith", through our parish Faith Formation program.