

**St. Sebastian Catholic Church
Faith Formation 2010-2011
Registration for RCIC**

Completed App. _____

Baptismal Cert. _____

PLEASE PRINT ALL INFORMATION:

Student Name: _____
(First) (Middle) (Last)

Home Address: _____
(#, Street or Apt) (City) (State) (Zip)

Home Phone: _____ Home E-mail: _____

Date of Birth: ____/____/____ City and State: _____

Current Age: ____ Current Grade in School: ____ Name of School: _____

How long have you lived in Sebastian?: _____

Are you a registered member of St. Sebastian Catholic Church? _____ Year of Registration: _____

Name registered as: _____ Envelope # _____

If you are not a registered member, are you registered in another church/denomination? YES NO

If yes, name of Church: _____ City, State: _____

Denomination: _____

Was your child/youth Baptized? Yes No Date of Baptism: ____/____/____

Denomination: _____

Name of Church: _____ City, State: _____

If yes, please present our office with a copy of Baptismal Certificate

What Sacraments does your child need? Baptism (if never Baptized) _____
Reconciliation (if older than age 7) _____
First Communion (if older than age 7) _____
Confirmation (if older than age 12) _____

Has your child participated in a Catholic Faith Formation program? _____

Grades attended: K 1 2 3 4 5 6 7 8 9 10 11 12

Name of Church: _____ City and State: _____

If yes, please present our office with a letter confirming participation from that Church.

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 the Faith Formation Program. The Director of Faith Formation or adult supervisor may act as an agent in my absence. In case of an 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# (____) _____

Any known medical/physical conditions: _____

Known Allergies: _____

Current Medication: _____

Parent/ Guardian Signature: _____ Date: _____