

St. Sebastian Catholic Church
Faith Formation
REGISTRATION 2011 – 2012

PLEASE ATTACH
A COPY OF
YOUR CHILD'S
BAPTISMAL CERTIFICATE

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>
____ Baptism	____/____/____	_____
____ Reconciliation	____/____/____	_____
____ Eucharist	____/____/____	_____

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:
Pre-K 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 2011-2012 school year.

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 # _____

Does your child have any allergies or other medical conditions? _____

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.

OFFICE USE ONLY

This fee covers texts, classroom materials etc.
Classes will be held on Sunday mornings from
10:45 to 12:00.

Completed Form Received: _____

Cash _____ Check # _____

Baptismal Form Attached: _____

Registering for Grade: _____

If you have a financial concern, please contact the Faith Formation office 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.