

**2022-2023 REGISTRATION**

**FAITH FORMATION CLASSES K-8**  
**Saint Elizabeth Ann Seton Parish**  
**Held on Sunday mornings, 10:00-11:30**  
**Classes begin September 25, 2022**

**Family name:** \_\_\_\_\_

**Parish** in which you are registered: (Please check)  St. Elizabeth Ann Seton  
 Other parish: \_\_\_\_\_

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Father's **FULL** name:

\_\_\_\_\_ Religion: \_\_\_\_\_

Mother's **FULL** name, **including MAIDEN NAME:**

\_\_\_\_\_ Religion: \_\_\_\_\_

Family's address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone #: Home \_\_\_\_\_

Mobile #: **Mom:** \_\_\_\_\_ **Dad:** \_\_\_\_\_

E-mail address: \_\_\_\_\_

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**CHILDREN TO BE REGISTERED:**

Child's **FULL** name:

Child prefers **to be called?**

\_\_\_\_\_

Child's birthday: \_\_\_\_\_

School child attends: \_\_\_\_\_ Grade level: \_\_\_\_\_

➤ Child has **already received** which sacraments? (Please check):

Baptism  Reconciliation  Eucharist  Confirmation

Child's **FULL** name:

Child prefers **to be called?**

\_\_\_\_\_

Child's birthday: \_\_\_\_\_

School child attends: \_\_\_\_\_ Grade level: \_\_\_\_\_

➤ Child has **already received** which sacraments? (Please check):

Baptism  Reconciliation  Eucharist  Confirmation

Child's **FULL** name:

Child prefers **to be called?**

\_\_\_\_\_

Child's birthday: \_\_\_\_\_

School child attends: \_\_\_\_\_ Grade level: \_\_\_\_\_

➤ Child has **already received** which sacraments? (Please check):

Baptism  Reconciliation  Eucharist  Confirmation

**OVER, PLEASE**

**HEALTH AND MEDICAL INFORMATION:**

Are there any learning difficulties, allergies, medical conditions, or disabilities of which your child/children’s teacher(s) should be aware?

\_\_\_\_\_  
\_\_\_\_\_

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**EMERGENCY CONTACT PERSON(S), if parents cannot be reached:**

Name: \_\_\_\_\_  
Relation to student: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Relation to student: \_\_\_\_\_  
Phone: \_\_\_\_\_

**PICK-UP AUTHORIZATION:**

If I am unable, I authorize the following person(s) to pick up my child/children at 11:30 am from Faith Formation classes.

Name: \_\_\_\_\_  
Relation to student: \_\_\_\_\_

Name: \_\_\_\_\_  
Relation to student: \_\_\_\_\_

**SIGNATURE of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**PHOTO/VIDEO RELEASE:**

As a Parish Community, it is important to recognize our students for their achievements. If the opportunity arises, please grant us permission to use your child’s name and/or image.

\_\_\_ I give permission to use my child/children’s full name(s), photograph(s), and videotaped image(s) in publications, video productions, and/or on St. Elizabeth Ann Seton’s internet web site.

\_\_\_ I do not give permission for St. Elizabeth Ann Seton to use my child/children’s photo and/or videotaped image on any publication or display.

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

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**Registration fees: \$30 for 1 child; \$40 for 2 children; \$50 for 3+ children—payment for textbooks and supplies**

Amount paid: \_\_\_\_\_

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Date: \_\_\_\_\_