

CORPUS CHRISTI PARISH

Faith Formation Registration

Faith Formation and Junior High Youth Ministry Registration Form K-8 2018-2019

Parents' Names _____

Address _____ Home Phone _____

City _____ Zip _____

Mother's Cell Phone _____ Father's Cell Phone _____

Are you a registered member of Corpus Christi Parish? Yes _____ No _____

It is necessary for the family to be registered at Corpus Christi Parish for the children to be included in our program.

Child #1 _____ Grade _____ Birth date _____

Please circle which sacraments this child has received:

Baptism (place _____) 1st Reconciliation Confirmation 1st Eucharist

Child #2 _____ Grade _____ Birth date _____

Please circle which sacraments this child has received:

Baptism (place _____) 1st Reconciliation Confirmation 1st Eucharist

Child #3 _____ Grade _____ Birth date _____

Please circle which sacraments this child has received:

Baptism (place _____) 1st Reconciliation Confirmation 1st Eucharist

Child #4 _____ Grade _____ Birth date _____

Please indicate which sacraments this child has received:

Baptism (place _____) 1st Reconciliation Confirmation 1st Eucharist

Please enroll my child(ren) (grades K-8) in the following session (please check one):

- Sunday Morning Class 8:30-9:45am (K-5) at the Faith Formation Center in Winslow**
- Monday Afternoon Class 3:30-4:45pm (K-5) at the Alfond Youth Center in Waterville**
- Family Life Program Sunday 3:00 to 5:00 Notre Dame Church**
- I prefer to work with my child at home with materials provided by the parish**
- Junior High Youth Ministry (6-8) Sunday 6:00-8:00 at the Faith Formation Center**

Registration Fees—to help offset the cost of running the program

1 child \$20.00 Sacrament 2 child 35.00

Please make checks payable to: Corpus Christi Parish

70 Pleasant Street, Waterville, ME 04901

Turn page please →

Registration Due Date: September 10, 2018

EMERGENCY CONTACT INFORMATION

Child's Name _____ Allergies _____
Medications _____
Other Important Information _____

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Medications _____
Other Important Information _____

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Medications _____
Other Important Information _____

Child's Name _____ Allergies _____
Medications _____
Other Important Information _____

Insurance Carrier _____
ID # _____ Group # _____

Emergency Contact if parent cannot be reached:

Name _____ Phone _____
Relationship to child(ren) _____

I give permission to the Catechetical Leader or her representative to obtain emergency treatment for my child in my absence. I relieve Corpus Christi Parish and the Diocese of Portland of all responsibilities and consequences that may arise as a result of this treatment. I will not hold the parish, diocese, PCL, catechists or representatives associated with this activity responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling and obtaining such treatment.

Parent or guardian signature

Date