

RE-REGISTRATION FORM

St. Brendan Parish Children's Faith Formation Program

Date of Re-Registration: _____

Student's Name: _____ Age _____

Address: _____ Apt. #: _____ City: _____ Zip Code: _____

PRIMARY CONTACT #: _____ Family Email: _____

School Student Attends: _____ Grade in Sept. 2020-2021 _____

Father's Cellphone: _____ Mother's Cellphone: _____

Is the Student Living with Both Parents: _____ If not living with both Parents, whom is the student living with? _____. Does the other Parent have legal rights to come in contact with the child? _____.

Is the Student Enrolled in Special Ed. Classes? _____ Is the Student Permitted to go Home Alone? _____.

Are there other Siblings Enrolled in our Program? _____ Who? _____

EMERGENCY CONTACTS

Please list the Names and Telephone Numbers of those who have Permission to pick-up the Student or that may be contacted in the Event of an Emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Parent's or Guardian's Signature: _____

Name of Person who conducted the Re-Registration. _____

FEES AND DOCUMENTS

Amount Paid: _____ Date: _____ Balance Owed: _____ Received by: _____

Balance Paid: _____ Date: _____ Received by: _____

Receipt Number: _____.

DOCUMENTS RECEIVED: Birth Certificate _____ Baptismal Certificate _____

Communion Certificate _____ Confirmation Certificate _____

Saint Brendan Faith Formation Program

1525 East 12th Street

Brooklyn, New York 11230

***Please return this form to Saint Brendan ***

PERMISSION TO PHOTOGRAPH STUDENTS

2020-2021

Name of minor _____ Grade _____

I, _____, hereby consent taking photographs of my

Name of Parent (Please Print)

Son/daughter as part of his/her participation at Saint Brendan's Faith Formation Program.

I also hereby release Saint Brendan's Faith Formation Program, Saint Brendan Parish and Diocese of Brooklyn from any claims, demands and liabilities whatsoever in connection with the above.

_____ I do not wish my child to be photographed and/or filmed by representatives of the school or designated photographers. (Please sign below)

Signature of Parent/Guardian

Date

Address of Parents/Guardian

Please return this form to Saint Brendan