

St. Brendan Parish Children's Faith Formation Program Registration Form

Date of Registration: _____

Student's Name: _____ Age: _____

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

Home Telephone: _____ Family Email: _____

Date of Birth: _____ Place of Birth: _____

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

Father's Name: _____ Religion: _____

Father's Work Phone: _____ Father's Cellphone: _____

Mother's Name: Phone: _____ Religion: _____

Mother's Work Phone: _____ Mother's Cellphone: _____

Is the Student Living with Both Parents: _____ Language Spoken at Home: _____

Does the Student have a Legal Guardian? _____ Who? _____

Guardian's relationship to the Student: _____ Guardian's cellphone: _____

How Many Years of Religious Education has the Student Received? _____

In what Parish/Church was he/she Enrolled? _____

Is the Student Enrolled in Special Ed. Classes? _____

Is the Student Permitted to go Home Alone? _____

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

WHAT SACRAMENTS HAS THE STUDENT RECEIVED?

Baptism _____ Date: _____ Church: _____

Eucharist _____ Date: _____ Church: _____

Confirmation _____ Date: _____ Church: _____

MEDICAL HISTORY

Does the Student have any Allergies to Foods/Substances/Chemicals? _____ If "Yes" Please List: _____

Does the Student have Difficulty Reading? _____ Does the Student wear Glasses? _____

Does the Student have Hearing Problem? _____ Does the Student Require any Special Medical Needs that we should be Aware of? _____

What should we do in the Event of a Medical Emergency? _____

EMERGENCY CONTACTS

Please list the Name 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 the Person who conducted the Registration Interview: _____

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FEES AND DOCUMENTS

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

Balance Paid: _____ Date: _____ Received By: _____

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