

Church of the Holy Spirit - Catholic Faith Formation Program



K-8th Grade Religious Education Registration (year)2017/2018

Registration Fee: \$80.00 for one child and \$30.00 for each additional child in the family.

Additional Sacrament preparation fee: \$25.00 for 1st Communion (usually 2nd grade)

\$25.00 for each year of Confirmation preparation (usually 6th & 7th grade)

Mail to: Holy Spirit Church – **CFF Office** 3159 Land Park Drive, Sacramento, CA 95818

Student's Name _____ Grade _____

Student's Date of Birth _____ Age _____

Address _____

City _____ Zip _____

*Email Address for newsletters/correspondence _____

(All CFF newsletters/correspondence/announcements will be communicated per email).

School _____

Father's (or Guardian's)
Name _____ Religion _____

Mother's
Name _____ Religion _____

Mother's Maiden Name _____

If applicable, who has legal custody _____

Sacraments Received: (If already on file with the CFF office, please indicate).

BAPTISM Yes No

Church _____ Date _____

FIRST COMMUNION Yes No

Church _____ Date _____

CONFIRMATION Yes No

Church _____ Date _____

Number of years in Religious Education classes _____

(Please complete reverse side in full)

Church of the Holy Spirit
Registration/Medical Information/Consent: Release of Liability

MEDICAL INFORMATION

Student's Name _____

Street Address _____

City, State, Zip _____

Home Telephone _____

Emergency Contact (Name/Phone Number(s):

Student's Date of Birth _____

Family Physician & Phone # _____

Health Plan Name/Policy # _____

CURRENT MEDICATIONS (Name, dosage, times) _____

LIST ALL ALLERGIES TO FOOD OR DRUGS _____

Last Tetanus Shot (Month/Year) _____

CONSENT TO TREAT

I (We) the undersigned parent(s) or legal guardian(s) of _____, a minor, do hereby authorize treatment of my (our) child by a licensed medical physician in the case of any accident or illness may so arise, or any hospitalization necessary, and/or to provide first aid. I (We) further agree to pay any and all reasonable costs associated with treatment not covered by my (our) insurance.

Signature of Mother/Legal Guardian _____

Mother's home phone _____ Cell _____ Work _____

Signature of Father/Legal Guardian _____

Father's home phone _____ Cell _____ Work _____

RELEASE OF LIABILITY

As parent(s) or guardian(s) of the minor named above, I release, hold harmless and discharge the Church of the Holy Spirit and the Diocese of Sacramento, its staff, officers, directors, employees, agents, sponsors, promoters, and affiliates from any and all liability, claim, loss damage, cost or expense and waive any such claims against any person or organization arising directly or indirectly from or attributable in any legal way to any action or omission of any such person or organization with regard to the Catholic Faith Formation Program and its related activities.

Signature of Mother/Legal Guardian _____ Date _____

Signature of Father/Legal Guardian _____ Date _____