

Prince of Peace Parish

P.O. Box 1540, Lewiston, ME 04241

Faith Formation Registration Form 2016-2017

For Office Use Only:
Amt. Paid \$ ____ / ____
LOGOS

REGISTERED PARISH:

STUDENT'S FULL NAME: _____
First Name **Full** Middle Name (not just initial) Last Name Suffix

DOB: _____ Male Female School: _____ Grade in Fall: _____

Enrolled Last Year: Yes No

For Office Use Only: Class

<u>SACRAMENTS</u>	<u>CLASS SELECTION</u>
Baptism**: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Church: _____ City/State: _____	<input type="checkbox"/> Pre-K thru 5: Sunday Morning 9:30 am-10:45 am-Holy Family <input type="checkbox"/> Pre-K thru 5: Monday Evening 6:00 pm-7:15 pm-Holy Family <input type="checkbox"/> Basilica Family Formation <input type="checkbox"/> Middle School (6/7/8) EDGE Youth Ministry <input type="checkbox"/> High School (9/10/11/12) Life Teen Youth Ministry <input type="checkbox"/> St. Joseph's SPRED Program
Confirmation: Yes <input type="checkbox"/> No <input type="checkbox"/> First Eucharist: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please list any medical conditions, severe allergies, special needs, learning differences, etc.:

STUDENT'S FULL NAME: _____
First Name **Full** Middle Name (not just initial) Last Name Suffix

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Enrolled Last Year: Yes No

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Please list any medical conditions, severe allergies, special needs, learning differences, etc.:

DONATION FEE: \$25.00 PER CHILD – CHECKS PAYABLE TO PRINCE OF PEACE

Do not let financial issues be a barrier to your child(ren)'s attendance at faith formation.

Contact the Parish Office at PoP@portlanddiocese.org or 207-777-1200 to discuss.

****COPY OF BAPTISMAL CERTIFICATE REQUIRED FOR ANY CHILD WHO IS PREPARING FOR CONFIRMATION/FIRST COMMUNION.****

**PLEASE PRINT ALL INFORMATION:
INFORMATION IS CONFIDENTIAL**

PRIMARY E-MAIL ADDRESS: _____
(e-mail address checked most often)

FATHER'S FULL NAME: Mr./Dr. _____			
	First	Middle	Last
Mailing Address: _____			
Telephone: _____		Cell Phone Carrier: _____	
	Home	Cell	
Religion: _____	Baptized? Y / N	Confirmed? Y / N	First Communion? Y / N
Marital Status: S / M / D / W	If married, were you married by a priest? Y / N		

MOTHER'S FULL NAME: Ms./Mrs./Dr. _____			
	First	Middle	Maiden Last
Mailing Address (if different): _____			
Telephone: _____		Cell Phone Carrier: _____	
	Home	Cell	
Religion: _____	Baptized? Y / N	Confirmed? Y / N	First Communion? Y / N
Marital Status: S / M / D / W	If married, were you married by a priest? Y / N		

If I cannot be reached at the above number, please contact:

Name: _____ Telephone: _____ Relationship to Child(ren): _____

Who else is authorized to pick up your child(ren)?

Name: _____ Telephone: _____ Relationship to Child(ren): _____
Name: _____ Telephone: _____ Relationship to Child(ren): _____
Name: _____ Telephone: _____ Relationship to Child(ren): _____

Medical Release

I give my permission to have the child/children listed on this form transported by ambulance to a medical facility in the event of illness, injury and/or medical emergency. I also agree that he/she/they may, if needed, be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve Prince of Peace Parish of all responsibility and consequences that may arise as a result of treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

Signed: _____ Date: _____
Parent/Legal Guardian

Photography Waiver

I give permission to have the child/children listed on this form photographed for various events throughout the year. Photos may be used in promotional and informational material about Faith Formation at Prince of Peace Parish.

Signed: _____ Date: _____
Parent/Legal Guardian

I Want to Volunteer!

Teacher Teacher's Aide Substitute Teacher Children's Liturgy of the Word Helper