## ST. GEORGE CHILDREN'S FAITH FORMATION

## New Student Registration Form Term: 2024-2025 Today's Date: \_\_\_/\_\_\_/\_\_\_

Student Information	1		
Full Name:	<del></del>		
Formation Grade:	(Age:) Place of Birth	, =	(City State)
			(City, State)
Special Needs/Allerais	School Grade	·	
	es:that your child has an IEP or 504		
General Family Infor	mation		
Church ID #:	(must be registered at St. George	e Parish) <b>Family</b>	Status: CFF / School
Please include maiden nan			
	t home:		<u></u>
Phone Number(s)*:	Email(s)*:		
*First number and omail	 I listed are primary contacts fo		c/ahsanaas/aarly dismissal
	•	•	-
• •	contact (i.e. Home, Work, Mo	om, Dad, Cell, etc.,	)
Electronic communica	ations permitted: Yes / No		
Emergency Contact(s)	:		
Name	Relationship	Phone #	
Faith Formation Rec	<b>cord</b> , if applicable		
Grade Pa	arish/Catholic School	Term	Books used
Sacramental Informa			
Baptismal Record, if a			
	Godparent(s)/Witnes		
Church of Baptism:		Al	teratively, Profession of Faith? date:
Performed by:			
First Holy Communic	on Record, if applicable		
First Communion Date	: Church of F	First Communion	:
Performed by:			
Confirmation Record	, if applicable		
			Sponsor(s):
	n:		
Performed by:			
Comments:			
(updated			
information)			

## **FAITH AGREEMENT**

As a parent/guardian of a student in the Children's Faith Formation program at St. George Parish, I affirm my faith values. Together, we are Growing as Disciples in Mission.

- I understand that it is important for me to attend Sunday Mass each week with my child(ren).
- I understand that I am the primary catechist of my child. As such, I will continue to grow in relationship with God, to study the Catholic faith, and to participate in service/outreach activities.
- I promise to create a Christian home, to promote solid moral teachings, and to instill respect for one another.
- I will be a good steward and actively give back to my parish through time, talent, and treasure. I will further help instill

in my child(ren) the practice of grateful stewardship.		·
	Signature/Initials of Parent or Guardian	Date
MEDICAL RELEASE		
n the event that the undersigned cannot be reached, are other person responsible for the program or other approximation and/or treatment of my (our) child, I (we) he obtain for my (our) child such medical services as are desponsibility for any diagnosis/treatment and for medical diagnosis/Period for which this release is intended: September 1997.	opriate staff member) there is a necessity for in ereby request and authorize any of the aforesal deemed necessary. I (we) agree to assume the ation deemed necessary.	nmediate d personnel to
	Signature/Initials of Parent or Guardian	Date
PHOTO RELEASE		
give permission to the staff/volunteers of St. George Camily taken while participating in activities of the progracuildings, in the bulletin, and/or on the website or Parish Photos <b>MAY NOT</b> be used.	m. Photos will be shown in or around the St. G	
	Signature/Initials of Parent or Guardian	Date
SNACK/FOOD/TREAT RELEASE		
give permission to the staff/volunteers of St. George Cchild(ren) during the course of the Children's Faith Fornoccurrence, but it is one "tool" used to help build commage above.	nation program. I understand that this is not a re	egular
Snacks/treats MAY NOT be given.		

Signature/Initials of Parent or Guardian

Date