ST. GEORGE CHILDREN'S FAITH FORMATION

New Student Registration Form

Term: 2026-2027 Todays Date: _/_/_____

Student Information

Full Name: _____

Formation Grade: _____

Date of Birth: _____(Age:_) **Place of Birth:** _____ (City, State)

School: _____ **School Grade:** _____

Special Needs/Allergies: _____

D Check here to indicate that your child has an IEP or 504 Plan.

General Family Information

Church ID#: _____(must be registered at St. George Parish) **Family Status:** CFF / School

Guardian 1 Full Name: _____ __ **Religion:** _____ __

Guardian 2 Full Name: _____ __ **Religion:** _____

Please include maiden name if applicable.

Language(s) spoken at home: _____

Address: _____

Phone Number(s)*: **Email(s)*:**

_____ _____

_____ _____

_____ _____

**First number and email listed are primary contacts for updates/inquiries/absences/early dismissal.*

Please indicate type of contact (i.e. Home, Work, Mom, Dad, Cell, etc.)

Electronic communications permitted: ***Yes I No***

Emergency Contact(s):

_____

Name *Relationship* *Phone#*

Faith Formation Record, if applicable

Grade	Parish/Catholic School	Term	Books used
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Sacramental Information

Baptismal Record, if applicable

Baptismal Date: _____ **Godparent(s)/Witness(es):** _____ __

Church of Baptism: _____ **Alteratively, Profession of Faith?**_ **date:**___ _

Performed by:

First Holy Communion Record, if applicable

irst Communion Date:_____ Church of First Communion: _____

erformed by: _____ __

Confirmation Record, if applicable

Saint Name: _____ Confirmation Date: _____Sponsor(s): _____

Church of Confirmation: _____

Performed by:

Comments: _____

(updated _____

information) _____

(Review and sign release statements on back)

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

In the event that the undersigned cannot be reached, and in the judgment of the Director of Lifelong Faith Formation (or other person responsible for the program or other appropriate staff member) there is a necessity for immediate examination and/or treatment of my (our) child, I (we) hereby request and authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary. I (we) agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

Dates/Period for 1.M1ich this release is intended: September 1, 2023 through August 31, 2024

_____

Signature/Initials of Parent or Guardian *Date*

PHOTO RELEASE

I give permission to the staff/volunteers of St. George Children's Faith Formation to use photos of my child(ren) and family taken while participating in activities of the program. Photos will be shown in or around the St. George Parish buildings, in the bulletin, and/or on the website or Parish/CFF Facebook page.

Photos **MAY NOT** be used.

_____

Signature/Initials of Parent or Guardian *Date*

SNACK/FOOD/TREAT RELEASE

I give permission to the staff/volunteers of St. George Children's Faith Formation to provide snacks/treats to my child(ren) during the course of the Children's Faith Formation program. I understand that this is not a regular occurrence, but it is one "tool" used to help build community, particularly around Feast Days. *Food allergies are specified above.*

Snacks/treats **MAY NOT** be given.

_____

Signature/Initials of Parent or Guardian *Date*