



Religious Education / Faith Formation REGISTRATION 2011-2012

PLEASE PRINT CLEARLY

St. Benedict Parishioner

HOUSEHOLD INFORMATION

Family Last Name: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Family Email: _____

Father's Name: _____ Work Email: _____

Cell Phone: (____) _____ Work Phone: (____) _____

Mother's Name: _____ Work Email: _____

Cell Phone: (____) _____ Work Phone: (____) _____

Emergency Contact Name & Phone #: _____

PARTICIPANT INFORMATION - Please check the appropriate box indicating which program each child will be attending:

Child 1 Family Journey Catechesis of the Good Shepherd Middle School High School Little Church

Last Name: _____ First: _____ Any Allergies: _____

Lives with: Both Parents ___ Father ___ Mother ___ Grandparent(s) ___ Other _____

Gender: ___ Age: ___ Date of Birth: ___/___/___ School Attending in 2011-2012: _____ Grade: _____

Sacraments Celebrated: Baptism Eucharist Reconciliation Confirmation Years in Religious Education: _____

I authorize administration of the following prescription medication during sessions: _____

Medical, learning, custody or other issues you would like us to know about: _____

*** Please attach a separate sheet for ANY allergies or additional needs.**

Child 2 Family Journey Catechesis of the Good Shepherd Middle School High School Little Church

Last Name: _____ First: _____ Any Allergies: _____

Lives with: Both Parents ___ Father ___ Mother ___ Grandparent(s) ___ Other _____

Gender: ___ Age: ___ Date of Birth: ___/___/___ School Attending in 2011-2012: _____ Grade: _____

Sacraments Celebrated: Baptism Eucharist Reconciliation Confirmation Years in Religious Education: _____

I authorize administration of the following prescription medication during sessions: _____

Medical, learning, custody or other issues you would like us to know about: _____

*** Please attach a separate sheet for ANY allergies or additional needs.**

Child 3 Family Journey Catechesis of the Good Shepherd Middle School High School Little Church

Last Name: _____ First: _____ Any Allergies: _____

Lives with: Both Parents ___ Father ___ Mother ___ Grandparent(s) ___ Other _____

Gender: ___ Age: ___ Date of Birth: ___/___/___ School Attending in 2011-2012: _____ Grade: _____

Sacraments Celebrated: Baptism Eucharist Reconciliation Confirmation Years in Religious Education: _____

I authorize administration of the following prescription medication during sessions: _____

Medical, learning, custody or other issues you would like us to know about: _____

*** Please attach a separate sheet for ANY allergies or additional needs.**

**Submit fees with registration form to the Parish Office or in the collection basket at mass
Make checks payable to The Parish of St. Benedict**

Please check the appropriate box below and indicate the amount enclosed.

\$75.00 per child or \$200.00 family maximum fee = \$ _____

\$150.00 per child for Non-parishioner = \$ _____

PLEASE COMPLETE OTHER SIDE OF FORM – SIGNATURES REQUIRED

FOR INFORMATION CONTACT

Mary Ziebell, Faith Formation Administrative Assistant

Ph: 480.961.1610 x309

E: mziebell@stbenedict.org

VOLUNTEER OPPORTUNITY

We have several opportunities to volunteer with Faith Formation.
Please check this box if you are interested in helping.

MEDICAL RELEASE, SIGNATURE REQUIRED

I understand reasonable precautions will be taken to safeguard the health and well being of my child(ren), and that I will be contacted immediately in case of illness, injury or other emergency. In the event the emergency contacts listed above cannot be reached, I authorize St. Benedict's representative to obtain necessary medical treatment for my child. I will not hold St. Benedict, the Diocese of Phoenix or their representatives responsible for accident or injury. I agree to pay all expenses incurred in obtaining emergency medical treatment, including transportation arising from any circumstance in which my child(ren) must leave the premises prior to the conclusion of the activity.

Parent/Guardian Printed Name: _____ Date: _____

Signature: _____

PHOTO RELEASE, SIGNATURE REQUIRED

The Parish of St. Benedict has my permission to use photographs of my child(ren) taken during religious education programs for use by the Parish of St. Benedict and/or the Diocese of Phoenix.

Parent/Guardian Printed Name: _____ Date: _____

Signature: _____

CONSENT, SIGNATURE REQUIRED

My child(ren) has permission to attend St. Benedict's religious education sessions at St. John Bosco School under the guidance and supervision of St. Benedict's designated representative(s) in accordance with **all above stipulations**.

Parent/Guardian Printed Name: _____ Date: _____

Signature: _____

This box is for office use only! Thank you.

Paid\$ _____ Date _____ Check# _____ Cash Initials _____ A/R _____