

**St. Bartholomew's and St. Anthony's Churches**

**Faith Formation**

**School Year 2024-2025**

Please check one: K-5\_\_ 1<sup>st</sup> Communion\_\_ 6-8\_\_ Confirmation\_\_

Siblings also attending: Name: \_\_\_\_\_ Grade \_\_\_\_\_

Name: \_\_\_\_\_ Grade \_\_\_\_\_

**Student Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade \_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Previous Religious Ed grades attended \_\_\_\_\_ Parishioner of St. Bart's \_\_\_\_ St. Anthony \_\_\_\_

Baptized Yes \_\_\_ No \_\_\_ Church where baptized \_\_\_\_\_

Church where child received First Communion \_\_\_\_\_

**Parent/Guardian Contact Information at Primary Residence:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Received all Sacraments Yes \_\_\_ No \_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Received all Sacraments? Yes \_\_\_ No \_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Preferred method of contact: \_\_\_ mail \_\_\_ email \_\_\_ text**

**Parent/Guardian Contact Information at Secondary/Other Residence:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Received all Sacraments Yes \_\_\_ No \_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Received all Sacraments? Yes \_\_\_ No \_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**Preferred method of contact: \_\_\_ mail \_\_\_ email \_\_\_ text**

**Note: If someone other than a parent will be bringing or picking up your child, please supply name, contact phone number and relationship to child:** \_\_\_\_\_

**Allergies, medical conditions or special needs we should be aware of:** \_\_\_\_\_

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Emergency Contact who is near and can be easily reached by phone:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

I, the parent/guardian, acknowledge that I am the **PRIMARY EDUCATOR** of my child and agree to fulfill my obligation to the program by:

1. Providing transportation to and from Religious Education class each week
2. Actively participate in all programs/events pertaining to my child's religious education and/or sacramental preparation
3. Being aware of my child's lessons/prayers and reviewing with him/her each week
4. **ENSURING SUNDAY MASS ATTENDANCE**

Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

#### **RELEASES**

The following information and consents apply to:

Student's name \_\_\_\_\_

**Parent Medical and Liability Release Statement:** I understand that in the event medical intervention is needed, every attempt will be made to contact me or the emergency contacts immediately.

**Video/Photo/Audio Permission:** I also understand and consent to the use of any digital, audio or visual, promotion of our parish in which my child appears.

If there are any questions, please contact the church office.

Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE THAT WE ARE NOT COLLECTING A PROGRAM FEE FOR THE RELIGIOUS EDUCATION CLASSES**