

Our Lady Of The Snows & St. Agnes Parishes
PO Box 193
Dexter, Maine 04930
207-924-7104

**REGISTRATION FORM
FAITH FORMATION
2016-2017**

FOR OFFICE USE ONLY

Date: _____
Check # _____
Check Amt _____
Cash Amt _____

Date _____

Registered at: Please circle one St. Agnes St. Anne St. Thomas Aquinas St. Francis & St Paul

Family Last Name _____ Phone Number _____

Address _____ Cell Phone Number _____

City _____ State _____ Zip _____ E-Mail _____

PARENTS/GUARDIANS

FATHER NAME: _____ RELIGION _____

MOTHER (with maiden name) _____ RELIGION _____

LOCAL EMERGENCY CONTACTS

NAME _____ PHONE NUMBER _____

NAME: _____ PHONE NUMBER _____

NAME OF PHYSICIAN _____ PHONE NUMBER _____

MEDICAL INSURANCE COMPANY _____ POLICY NUMBER _____

If I cannot be reached in case of an emergency the bearer of this form is authorized to act on my behalf to seek medical attention and treatment as they deem necessary for the child(ren) listed on this registration form.

Signature of Parent or Guardian

I give my permission for my child to be photographed throughout the year. I understand the photographs will only be used for church uses for promotion of events. I understand my child's picture may be seen by others in the church through publications designated for parish use.

Signature of Parent or Guardian

REGISTRATION FEES

We currently do not have registration fees, we believe our families deserve to learn their faith without cost. Our yearly costs are great however and if you feel compelled to pay for your child's book it would be greatly appreciated. Each book costs approximately \$15.00 each. We provide your children with snacks each week and we also buy supplies for crafts etc. Most of the teachers donate money from their own pockets to accommodate their classrooms. Thank you for all you do to help our ministry be a success! We appreciate your time, talent and treasure. God bless you!

FAMILY COVENANT

We invite you to share your faith by participating in mass, praying as a family, bringing children to class, and respecting others and our property. Your faith is a living testament to your children: embrace it, show it and most importantly share it.

PLEASE COMPLETE FORM ENTIRELY

CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____
NICKNAME _____ MALE/FEMALE _____ BIRTHDATE BORN _____ CITY, _____ STATE _____
CURRENT GRADE ATTENDING _____ SCHOOL GRADE ATTENDING FALL OF 2014 _____
(CIRCLE ANSWER) BAPTISM Y N EUCHARIST Y N CONFIRMATION Y N

PLEASE REGISTER MY CHILD IN CLASSES PRE-K K 1 2 3 4 MS YOUTH MINISTRY HS YOUTH MINISTRY

ALLERGIES _____ PLEASE _____ LIST _____ ALL _____
MEDICAL HISTORY _____ WE _____ NEED _____ TO _____ BE _____ AWARE _____ OF _____
MY CHILD MAY BE RELEASED TO THE FOLLOWING PEOPLE
NAME _____ PHONE NUMBER _____
NAME _____ PHONE NUMBER _____
NAME _____ PHONE NUMBER _____

I UNDERSTAND I MUST SEND A NOTE OR CALL PRIOR TO CLASS RELEASE TIME SO THE SITE COORDINATOR IS AWARE MY CHILD WILL BE PICKED UP BY SOMEONE BESIDES A PARENT.

CHILD 2

CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____
NICKNAME _____ MALE/FEMALE _____ BIRTHDATE BORN _____ CITY, _____ STATE _____
CURRENT GRADE ATTENDING _____ SCHOOL GRADE ATTENDING FALL OF 2014 _____
(CIRCLE ANSWER) BAPTISM Y N EUCHARIST Y N CONFIRMATION Y N

PLEASE REGISTER MY CHILD IN CLASSES PRE-K K 1 2 3 4 MS YOUTH MINISTRY HS YOUTH MINISTRY

ALLERGIES _____ PLEASE _____ LIST _____ ALL _____
MEDICAL HISTORY _____ WE _____ NEED _____ TO _____ BE _____ AWARE _____ OF _____
MY CHILD MAY BE RELEASED TO THE FOLLOWING PEOPLE
NAME _____ PHONE NUMBER _____
NAME _____ PHONE NUMBER _____
NAME _____ PHONE NUMBER _____

I UNDERSTAND I MUST SEND A NOTE OR CALL PRIOR TO CLASS RELEASE TIME SO THS SITE COORDINATOR IS AWARE MY CHILD WILL BE PICKED UP BY SOMEONE BESIDES A PARENT.

CHILD 3

CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____
NICKNAME _____ MALE/FEMALE _____ BIRTHDATE BORN _____ CITY, _____ STATE _____
CURRENT GRADE ATTENDING _____ SCHOOL GRADE ATTENDING FALL OF 2014 _____
(CIRCLE ANSWER) BAPTISM Y N EUCHARIST Y N CONFIRMATION Y N

PLEASE REGISTER MY CHILD IN CLASSES PRE-K K 1 2 3 4 MS YOUTH MINISTRY HS YOUTH MINISTRY

ALLERGIES _____ PLEASE _____ LIST _____ ALL _____
MEDICAL HISTORY _____ WE _____ NEED _____ TO _____ BE _____ AWARE _____ OF _____
MY CHILD MAY BE RELEASED TO THE FOLLOWING PEOPLE
NAME _____ PHONE NUMBER _____
NAME _____ PHONE NUMBER _____
NAME _____ PHONE NUMBER _____

I UNDERSTAND I MUST SEND A NOTE OR CALL PRIOR TO CLASS RELEASE TIME SO THS SITE COORDINATOR IS AWARE MY CHILD WILL BE PICKED UP BY SOMEONE BESIDES A PARENT.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____
I UNDERSTAND IT IS MY RESPONSIBILITY TO NOTIFY THE CLUSTER OFFICE (924-7104) IF THERE ARE ANY CHANGES IN THE INFORMATION PROVIDED.

CHILD 4

CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____
NICKNAME _____ MALE/FEMALE BIRTHDATE BORN CITY, STATE _____
CURRENT GRADE ATTENDING _____ SCHOOL GRADE ATTENDING FALL OF 2014 _____
(CIRCLE ANSWER) BAPTISM Y N EUCHARIST Y N CONFIRMATION Y N

PLEASE REGISTER MY CHILD IN CLASSES PRE-K K 1 2 3 4 MS YOUTH MINISTRY HS YOUTH MINISTRY

ALLERGIES _____ PLEASE LIST ALL _____
MEDICAL HISTORY WE NEED TO BE AWARE OF _____
MY CHILD MAY BE RELEASED TO THE FOLLOWING PEOPLE
NAME _____ PHONE NUMBER _____
NAME _____ PHONE NUMBER _____
NAME _____ PHONE NUMBER _____

I UNDERSTAND I MUST SEND A NOTE OR CALL PRIOR TO CLASS RELEASE TIME SO THE SITE COORDINATOR IS AWARE MY CHILD WILL BE PICKED UP BY SOMEONE BESIDES A PARENT.

CHILD 5

CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____
NICKNAME _____ MALE/FEMALE BIRTHDATE BORN CITY, STATE _____
CURRENT GRADE ATTENDING _____ SCHOOL GRADE ATTENDING FALL OF 2014 _____
(CIRCLE ANSWER) BAPTISM Y N EUCHARIST Y N CONFIRMATION Y N

PLEASE REGISTER MY CHILD IN CLASSES PRE-K K 1 2 3 4 MS YOUTH MINISTRY HS YOUTH MINISTRY

ALLERGIES _____ PLEASE LIST ALL _____
MEDICAL HISTORY WE NEED TO BE AWARE OF _____
MY CHILD MAY BE RELEASED TO THE FOLLOWING PEOPLE
NAME _____ PHONE NUMBER _____
NAME _____ PHONE NUMBER _____
NAME _____ PHONE NUMBER _____

I UNDERSTAND I MUST SEND A NOTE OR CALL PRIOR TO CLASS RELEASE TIME SO THS SITE COORDINATOR IS AWARE MY CHILD WILL BE PICKED UP BY SOMEONE BESIDES A PARENT.

CHILD 6

CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____
NICKNAME _____ MALE/FEMALE BIRTHDATE BORN CITY, STATE _____
CURRENT GRADE ATTENDING _____ SCHOOL GRADE ATTENDING FALL OF 2014 _____
(CIRCLE ANSWER) BAPTISM Y N EUCHARIST Y N CONFIRMATION Y N

PLEASE REGISTER MY CHILD IN CLASSES PRE-K K 1 2 3 4 MS YOUTH MINISTRY HS YOUTH MINISTRY

ALLERGIES _____ PLEASE LIST ALL _____
MEDICAL HISTORY WE NEED TO BE AWARE OF _____
MY CHILD MAY BE RELEASED TO THE FOLLOWING PEOPLE
NAME _____ PHONE NUMBER _____
NAME _____ PHONE NUMBER _____
NAME _____ PHONE NUMBER _____

I UNDERSTAND I MUST SEND A NOTE OR CALL PRIOR TO CLASS RELEASE TIME SO THS SITE COORDINATOR IS AWARE MY CHILD WILL BE PICKED UP BY SOMEONE BESIDES A PARENT.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____
I UNDERSTAND IT IS MY RESPONSIBILITY TO NOTIFY KIMBERLY WICK IF THERE ARE ANY CHANGES IN THE INFORMATION PROVIDED. 207-356-7053

**2016-2017 FAITH FORMATION REGISTRATION FORM
OUR LADY OF THE SNOWS & ST. AGNES PARISHES**

With the desire to protect all children, the Roman Catholic Diocese of Portland has implemented a program, **“Protecting God’s Children”**. The safety guidelines and rules within this program must be followed to protect all the children participating in parish-sponsored activities

Our adult teachers and volunteers that work with our child have been trained under the “Protecting God’s Children” program and have had background checks completed. Parish policies and procedures have also been implemented. Providing safe and secure programs for our children is of utmost importance to this parish.

Please **read and initial** the following statements:

_____ I will accompany my child to his / her classroom.

_____ I will not leave my child unattended or alone on parish property or at parish-sponsored activities.

_____ I will come into the building and pick up my son / daughter directly upon class dismissal.

_____ I understand that my son / **daughter will only be released to the individuals listed on the front of this form.**

_____ If other transportation arrangements are made, I will provide a written note to his / her teacher upon arrival to class.

_____ If my son / daughter will be released to an individual under 18 years old, driving himself / herself, or walking, I will complete the Special Transportation Form.

My signature below indicates that I have read and understand all of the above.

Parent / Guardian Signature: _____ Date: / /