

ST. ISIDORE PARISH

2018-2019 Faith Formation Registration

Program? PSR 1st Reconciliation/1st Eucharist Prep Confirmation
\$25 per child/ \$35 per child \$35 per child
\$60 for 3 or more children

Child's Name _____
First Middle Last

Address _____
Street City Zip Code

Mom's Phones (home) _____ (w) _____ (c) _____

Mom's Preferred E-mail for Communications _____

Dad's Phones (home) _____ (w) _____ (c) _____

Dad's Preferred E-mail for Communications _____

Child's Birth Date _____ 2018-2019 School Year Grade: _____

School _____ Did Youth Complete PSR last year? Y N

*Baptism _____
Month, Day, Year Church City/State

(Attach copy of Baptismal certificate if Baptism took place in a parish other than St. Isidore)

Birth Father's Name (and address/phone numbers if different from above – please note who has custody BF or BM or Joint:)

_____ E-mail _____

Birth Mother's Name (and address/phone numbers if different from above – please note who has custody BF or BM or Joint:)

_____ E-mail _____

Legal Guardian's Name (if not listed above): _____

Pertinent Medical Information _____

Emergency Contact (name and phone #s) _____
(from a different household than listed above)

A non-refundable book and material fee is due by August 31, 2017. See above for amounts.

For Office Use Only

Date _____ Amount Paid: _____ Cash/Check # _____ Received by: _____

FAITH FORMATION CONSENT FORM

I, _____ am the parent/legal guardian of _____.
Parent or Guardian's name Child's name

I grant permission for my child to participate in this program. I understand that this will take place under the guidance and supervision of parish volunteers of St. Isidore Parish.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Isidore Parish, its officer, directors, employees and agents, and the Diocese of Baton Rouge, its employees and agents, chaperones with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Baton Rouge, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury, or damage, unless such claim arises from the negligence of the company, parish, or diocese.

I, also agree that any photographs, artwork, audio, video or writing may be used by St. Isidore, in whatever way desired, including television, CD-ROMS, online and print publication, and any other form for the storage, retrieval and reproduction of information, images; furthermore, I hereby consent that such information, photographs, videos and the plates and/or tapes from which they are made shall be their property, and they shall have the right to sell, duplicate, reproduce and make other uses of such information, photograph's, videos, recordings and plates as they may desire free and clear of any claim whatsoever on my part.

Parent/Guardian Signature: _____ Date: _____

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2018-2019 Faith Formation Ministries

PSR \$25 per child or \$60 for a family with three or more children

1st Reconciliation/1st Eucharist Prep \$35 per child

Confirmation \$35 per child