

**Faith Formation Registration Form  
St. Edward Catholic Church 2024-2025**

Child's Full Name: \_\_\_\_\_ M \_\_\_ F \_\_\_

Date of Birth: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ School: \_\_\_\_\_

Family Address: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_ Text: YES NO

Father: \_\_\_\_\_ Phone: \_\_\_\_\_ Text: YES NO

Parent Email Address: \_\_\_\_\_

Prefer notifications in \_\_\_ English \_\_\_ Spanish

**Has your child received these Sacraments?**

\_\_\_ Baptism - church, city and state: \_\_\_\_\_

\_\_\_ First Holy Communion - church, city and state: \_\_\_\_\_

\_\_\_ Confirmation - church, city and state: \_\_\_\_\_

**For First Communion or Confirmation this year:**

**PLEASE BRING IN A COPY OF YOUR CHILDS BAPTISM CERTIFICATE TO THE OFFICE**

**Registration Fees:**

- Religious education \$35 per child
- First Communion or Confirmation \$45 for per child
- \$100 Maximum Fee per family

**Photo Release:** There are times when photos or videos of youth may be used for various purposes such as bulletin board displays, event announcements, newspaper articles, slide shows, flyers, or the S.E.T. or church's Facebook. Please sign one option below to indicate how you would like photos of your child to be used.

Yes, my child's photo may be used for the stated purposes: \_\_\_\_\_

No, my child's photo may not be used for the stated purposes: \_\_\_\_\_

**For questions please call the office at 541-258-2224**

Office Information Only:

Fee Paid: Yes No

Photo Release Signed: Yes No

Emergency Form: Yes No



## CHURCH/SCHOOL EMERGENCY INFORMATION FORM FOR STUDENT/YOUTH

LOCATION INFORMATION  School  Church Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### CONTACT PERSON

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### CHILD'S INFORMATION

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade level: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Person with whom child is living: \_\_\_\_\_

### Person(s) to notify in case of an emergency:

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ 2: \_\_\_\_\_

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ 2: \_\_\_\_\_

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ 2: \_\_\_\_\_

Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Last tetanus immunization or booster date: \_\_\_\_\_

Allergies (food, drugs, insects, etc.): \_\_\_\_\_

Is child presently on any medications?  Yes  No If yes, please state below:

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason for medication: \_\_\_\_\_

Prescribing physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses, special health problem or other issues requiring special attention that would help emergency personnel to provide appropriate care for your child:**

### INSURANCE INFORMATION:

Name of medical insurance company: \_\_\_\_\_

Group or identification number: \_\_\_\_\_

**I authorize the Church/School and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Church/School assume no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_