

Faith Formation & SET Youth Group Registration Form
St. Edward Catholic Church 2025-2026

Child's Last Name: _____ First Name: _____ Middle: _____

M ___ F ___ Date of Birth: _____ City: _____ State: _____

Grade in Fall: _____ School: _____ Attended Religious Ed. last year? YES NO

Family Address: _____

Mailing Address, if different: _____

Mother: _____ Phone: _____ Text: YES NO

Father: _____ Phone: _____ Text: YES NO

Parent Email Address: _____

Child can read and speak: English ___ Spanish ___ For SET: T-shirt size _____

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 preference for your child's photos.

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

(Forma española en el reverso)

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: _____