

**ST. AGNES/ST. PAUL OF THE CROSS/ST. ROSE  
Office of Faith Formation and Youth Ministry**

**96 Prospect St., Avon, NY 14414**

**(585) 226-2100**

Registered at: \_\_\_\_\_ St. Agnes \_\_\_\_\_ St. Rose  
 \_\_\_\_\_ St. Paul of the Cross

Family Name \_\_\_\_\_

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

Phones: Home \_\_\_\_\_ Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

E-Mail Address(es) \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Student lives with:  Both Parents  Mother  Father  Guardian

Parent's Address if Different from Students \_\_\_\_\_

PLEASE LIST PERSONS, IF ANY, WHO DO NOT HAVE PERMISSION TO PICK UP YOUR CHILD:

\_\_\_\_\_

**HEALTH INFO** Please list any physical and/or learning needs, and health concerns for each child below, including food allergies and medications that we should know about . (please write **NONE** if applicable):

**EMERGENCY INFORMATION** in case of an emergency **if parent cannot be reached?**

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

Relationship to Child \_\_\_\_\_ Health Insurance Co. \_\_\_\_\_

Subscriber Name \_\_\_\_\_ Policy # \_\_\_\_\_

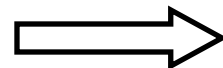
Physician/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Please fill out all grade & age information as of September 2017

CHILD'S NAME	GRADE	AGE	DOB	SPECIAL NEEDS/ ALLERGIES
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**PLEASE COMPLETE pages 1 & 2 OF THIS FORM & RETURN by May 31st, 2017**



**FAITH FORMATION PROGRAMS FOR 2017-2018**

**Please check the program(s) for which you are registering:**

- \_\_\_\_\_ Monthly Family Program, Grades K-7 - **St. Agnes School, Sundays 8:45-10:15 am OR St. Paul of the Cross, Sundays 11:15am-12:45pm** (please circle your preferred location)
- \_\_\_\_\_ Monthly Family Year 1 & 2 Confirmation class - **St. Agnes School, Sundays 8:45-10:15 am OR St. Paul of the Cross, Sundays 11:15am-12:45pm** (please circle your preferred location)
- \_\_\_\_\_ Bi-Weekly Program, Grades K-7 - Brendan Hall (St. Rose Campus) **Sundays 9:15 - 10:45 AM**
- \_\_\_\_\_ Bi-weekly Year 1 & 2 Confirmation class - Brendan Hall, **Sundays 9:15-10:45 am**
- \_\_\_\_\_ Grades 6-9 (Confirmation Year 1&2) Summer Intensive Program - St. Agnes Campus, **June 25-29, Sun. 10am-3pm, M-Th 9am-3pm-** plus 2-5 required days at Bi-weekly for 6/7 grade and Confirmation.
- \_\_\_\_\_ High School Youth Ministry (grades 10-12)

- I agree to allow my child to be photographed as part of the Faith Formation Program.
- I agree that those photos may be used including, but not limited to, social media sites, advertising, websites, other forms of communication or publication and venues for which one would not reasonably expect privacy.

In signing this Registration Form, I hereby certify that the information provided is correct, give permission for my child to be transported in privately owned vehicles for medical and other emergency purposes only, and give permission for the release of medical records to an attending physician in case of illness.

In case of medical emergency, I understand every effort will be made to contact the parents or guardian. In the event that I can not be reached, I hereby give permission to the physician to secure proper treatment for my child(ren) named herein. I understand that during a life-threatening situation, it may be necessary to immediately call an emergency response team (911).

**I also understand that enrolling my child in this Faith Formation program requires commitment and consistent attendance. I agree to enrich the faith of my child at home, including regularly attending Mass as a family.**

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**REGISTRATION FEES**

FAITH FORMATION (Grades K - 9):	
\$35.00	One Child
\$65.00	Two Children
\$95.00	Three or more children

For Office Use:
Check # _____
Amount _____
Date _____

PLEASE RETURN THE COMPLETED FORM & FEE (PAYABLE TO ST. AGNES) & MAIL TO:

St. Agnes/St. Paul of the Cross/St. Rose Office of Faith Formation & Youth Ministry  
96 Prospect Street  
Avon, New York 14414