

**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 # _____

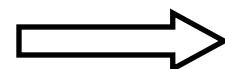
Physician/Clinic _____ Phone _____

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