



Saint Francis of Assisi Parish Faith Formation Enrollment Form

CHILDS NAME _____

ADDRESS _____

FAMILY EMAIL ADDRESS _____

PHONE _____ DATE OF BIRTH _____ AGE _____

BAPTIZED AT _____ DATE _____ for initial enrollment only

(A copy of your child's baptismal certificate is required if NOT baptized at St Francis of Assisi, All Saints, St Thomas, St Procopious, St Mary Our Lady of Perpetual Help, Holy Rosary or Church of Madonna)

Enrolling for sacramental class (Y/N) _____ if yes check 1 option below

FIRST COMMUNION _____

CONFIRMATION _____ 7TH GRADE IS PREPARTION CLASS

(The Sacrament of Confirmation is received in 8th Grade)

CURRENT GRADE FOR OTHER FAITH FORMATION CLASS PLACEMENT _____

PARENT/GUARDIAN INFORMATION

NAME(S) _____

ALTERNATE PHONE NUMBER OR EMAIL _____

DOES YOUR CHILD HAVE ANY ALLERGIES: IF SO PLEASE

SPECIFY _____

DIOCESAN PERMISSION, RELEASE, AND ASSUMPTION OF RISK FORM

Parish Information and Event Description (Parish to complete)	
Parish Name:	
Parish Address:	Telephone:
Event Supervisor::	Email:
Event:	Date and Time:
Type of Transportation:	Cost:
Personal Information (Parent/Guardian to complete)	
Student 1 Name:	Date of Birth:
Current School:	Grade:
Student 2 Name:	Date of Birth:
Current School:	Grade:
Student 3 Name:	Date of Birth:
Current School:	Grade:
Parent/Legal Guardian Name:	Telephone:
Home Address:	Email:
Emergency Contact Name:	Telephone:
Emergency Contact Name:	Telephone:
Insurance Company:	Policy No:
Medical Illnesses or Allergies:	Prescription Medication:
Permission Form	
<p>I hereby consent to participation for the above named child(ren) in the event described above. I understand that if stated, this event will take place away from the Church grounds and that my child(ren) will be under the supervision of the designated parish employee on the stated date(s). I further consent to the conditions stated above on participation in this event, including the method of transportation. In case of emergency, we give permission for our child(ren) to be treated at a hospital and/or by a medical doctor.</p>	
Parent/Legal Guardian Signature: X	Date Signed:

Waiver Authorization (Parent/Guardian to complete)

FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER.

In consideration for providing my child(ren) the opportunity to attend formation and parish activities and any related transportation to and from the parish, both my child(ren) and I voluntarily agree to release and agree to hold PARISH AND DIOCESE OF GREENSBURG harmless from, and waive on behalf of myself/my child(ren), my heirs, and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself/my child(ren) that may be caused by any act, or failure to act of the PARISH AND DIOCESE OF GREENSBURG or that may otherwise arise in any way in connection with my child(ren)'s attendance at a parish/diocesan event to the fullest extent allowed by law.

I understand that this release discharges the PARISH, AND DIOCESE OF GREENSBURG from any liability or claim that I/my child(ren), my heirs, or any personal representatives may have against the parish/ diocese with respect to any bodily injury, illness, death, or medical treatment that may arise from, or in connection to, my child(ren)'s attendance at the parish or event.

This liability waiver and release extends to the PARISH, AND DIOCESE OF GREENSBURG together with its clergy, staff, and volunteers.

I certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above-named student.

Parent/Legal Guardian Signature:

X

Date Signed:

PHOTOGRAPHIC RELEASE (Parent/Guardian to complete)

I hereby grant to the Diocese of Greensburg, Pennsylvania, and its respective licensees, successors and assigns, the right and permission, with respect to those photographs taken of the minor named below on whose behalf I am signing, and with respect to any printed or electronic matter in connection therewith, to do the following:

1. To include such photographs on the Diocese of Greensburg website, Parish website, and on print material
2. To use the name of the minor on whose behalf I am signing, in connection with the foregoing.

I hereby release, discharge and agree to indemnify and hold harmless the Diocese of Greensburg and its legal representatives, licensees, successor and assigns, from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any right to inspect or approve the same.

I hereby certify that I am the above said minor under the age of eighteen years, and hereby consent on behalf of said minor to the use of any of the photographs taken of said minor pursuant to the terms set forth in this Photographic Release, including, without limitation, the release, discharge and hold harmless provisions thereof.

Parent/Legal Guardian Signature:

X

Date Signed:

Internal Use Only

Waiver Received By:

Date Received: