



Faith Formation and Sacrament Registration & Permission Form 2023-2024

RETURN FORM TO: jessica.tette@dor.org or mail to St. Monica Church, 34 Monica St. Rochester NY 14619 • Questions: email jessica.tette@dor.org

1. Child(ren)'s information:

	Last Name	First Name	Middle Name	Date of Birth	Place of Birth	Gender	Special Needs/Allergies	Name of Current School	Current Grade in School	Location and last grade level of faith formation
Child 1										
Child 2										
Child 3										
Child 4										

Sacraments received: Please include Location and Date where each Sacrament was celebrated. Please provide us with a copy of your child's Baptismal Certificate if s/he was baptized at a church other than St. Monica Church.

	Baptism	First Reconciliation	First Communion	Confirmation
Child 1				
Child 2				
Child 3				
Child 4				

2. What programs are you registering for? Check all that apply.

- Faith Formation classes, grades Prek4-5th: Sundays 11:15 AM – 12:15 PM
- Sacramental preparation classes –
 - First Reconciliation and First Communion candidates must be in at least 2nd grade and have a year of Faith Formation the year prior. Parent or guardian accompanies child to this class. In-person: see schedule.
 - Confirmation candidates must be in at least 8th grade and have a year of Faith Formation the year prior to begin the 2-year Confirmation prep process. Confirmation takes place during Teen Youth Group on Wednesdays, 7:00-8:30 pm.
- Middle School Youth Group, grades 6-7 (Wednesdays 6:30-8:30 pm)
- Teen Youth Group, grades 8-12 (Wednesdays 6:30-8:30 pm)

3. Are your children interested in the following? Check all that apply. 4. What parish does your family belong to? (Example: St. Monica Church):

- Service projects
- Becoming an altar server
- Becoming a lector (reader) at Mass
- Joining community voices (choir for all ages)

5. Are you interested in volunteering for one of our Faith Formation programs? **Y N**

6. Parent/Guardian Information

	Parent last name(s)	Parent first name(s)	Maiden Name	Primary Phone	Primary Email	Street Address	City, State	Zip Code
Mother								
Father								
Guardian								
Guardian								

7. Emergency Contact (someone other than a parent or guardian)

Emergency Contact Name	Emergency Contact Phone	Relationship to Child

8. Health Information

Name of Health Insurance Company: _____ Health Insurance Policy Number: _____

Child(ren)'s Physician: _____ Physician Phone Number: _____

9. Liability/Media Release:

I hereby certify that the above information is correct and give permission for my child(ren) to be transported in privately owned vehicles for medical emergencies. I give permission for the release of medical records to an attending health care professional in case of injury or illness. I understand that every effort will be made to contact the parent/guardian first. If parent/guardian cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child. I appoint the designated parish Faith Formation facilitator to act on my behalf in authorizing necessary emergency medical, dental, surgical care and hospitalization necessary to protect the child's life and health while she/he is participating in any parish Faith Formation, Youth Group, and sacramental preparation sessions. I hereby do release and forever hold harmless thus Diocese of Rochester and St. Monica Church of Rochester from all manners of actions, claims, which I or the child named above shall or may have for any reason arising during my and my child's attendance of St. Monica Church events. I give St. Monica Church Emmanuel Church of the Deaf permission to use pictures of my child for website, newsletters, bulletins, and Social Media. Please note that St. Monica Church will not associate any identifying information with the photographs or videos.

Parent/Guardian Signature: _____

Date: _____