



St. John Fisher Catholic Church
7007 SW 46th Avenue, Portland OR 97219
Parish Office 503.244.4945

Faith Formation (K-6th grade) Registration Form 2017-2018

Date _____

Faith Formation/RE (grades K-6)..... Fees: \$50 (1st child), \$25 (add'l children), \$75 family cap

Sacrament Preparation: (Please complete a sacrament preparation form for Baptism, Reconciliation &/or Communion)

Baptism (for school-aged children).....

First Reconciliation (2nd grade & older) \$0

First Communion (2nd grade & older) Additional Sacrament Fee: \$50

Name of Youth _____ Date of Birth _____

Age _____ M/F _____ Grade _____ School _____

Street Address _____ City/Zip _____

Mailing Address _____ City/Zip _____

Primary Family Email _____ Home Phone _____

Secondary Family Email _____

Father's Name _____ Religion _____ Cell Phone _____

Mother's Name _____ Religion _____ Cell Phone _____

Please check those sacraments completed:

_____ Baptism _____ First Reconciliation _____ First Holy Communion _____ Confirmation

VOLUNTEER NEEDS

We ask for your support! Your involvement adds incomparable value to your youth's experience while enriching your own faith. We have many ways for you to get involved!

Catechist (K-6): Program fee is waived

Youth Ministry Core Team Member (MS/HS): Program fee is waived

Other volunteer needs: Parent Helper/Supervision Event Chaperone Take home projects

Office Support First Communion Volunteer Music

EMAIL & TEXTS

Reminders and information may be sent via email and texts, in order to efficiently communicate with a group of people at one time. Please provide contact info.

CIRCLE ONE:

Youth/Adult Name _____ Cell # _____ Email _____

Youth/Adult Name _____ Cell # _____ Email _____

Youth/Adult Name _____ Cell # _____ Email _____

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RELEASE FORM

Valid September 1, 2017 – August 30, 2018

Name of Youth _____ DOB _____

PHOTO RELEASE:

I hereby give my permission to St. John Fisher Catholic Church and collaborating ministries to use photographs and/or videos of the youth listed above as deemed appropriate for the promotion of St. John Fisher Catholic Church and the universal church. These photos could appear on the St. John Fisher Facebook, but the youth will not be tagged.

Signed _____ Date _____

MEDICAL RELEASE

I, _____, the undersigned **parent** **legal guardian**, give my permission for my son/daughter (*listed above*) to be evaluated, diagnosed, and treated by authorized medical personnel. In case of emergency, 911 may be called.

• Medications (Name, dose, reason) _____

• Allergies (include reaction to allergen) _____

Any specific health problems, prolonged illness, etc. _____

• Medical Insurance Company _____ Group or ID Number _____

I hereby release St. John Fisher Catholic Church, Archdiocese of Portland, and their employees and volunteers, of all liabilities and claims of any nature that may arise of result from the participation in St. John Fisher activities. It is further understood and agreed that, I hereby authorize St. John Fisher Church and its employees or volunteers to secure the necessary service for my youth in the event of an accident or illness. Further, I will be solely responsible for the payment of those services.

Parent/Guardian Signature _____ Emergency Phone _____

Additional Emergency Contact Person:

Name _____ Relation to Youth _____ Phone _____