

St. Raphael Sunday Faith Formation Family Registration Form

CCD registration fee is \$65 per child.

EMAIL REGISTRATIONS TO: ledmonds@st-raphaels.com

Directions for submitting this form by email: You can fill out this PDF form and submit it electronically without printing. Fill in all required information directly on the electronic form. Save to your computer when completed before returning. After it is done, click the envelope icon in the toolbar at the top or select "Send File" in the File menu. Follow directions and email to ledmonds@st-raphaels.com. Call the Faith Formation office at 727-821-7989 if you have any questions.

FAMILY NAME AND INFORMATION

Head of Household:

Spouse:

Last Name:

Last Name:

First Name:

First Name:

Title:

Title:

Religion:

Religion:

Stepparent?

Yes

Stepparent?

Yes

No

No

Who is responsible for the child(ren)'s Mass attendance and practice of his/her religion? (Select ONE option.)

Both parents

Mom

Dad

Other (Specify who) _____

Home Address:

City:

State:

Zip Code:

Phone #1:

Type:
(Select correct box.)

Unlisted?

Home

Yes

Cell

No

Office

Other

Phone #2:

Type:
(Select correct box.)

Unlisted?

Home

Yes

Cell

No

Office

Other

Email will be used for most communication and class reminders. Please give an email address you use regularly.

Email Address:

Emergency Contact -- ***MUST BE A NON-PARENT/NON-GUARDIAN***
(if we can't get hold of parent/guardian in an emergency):

Special needs, food or other allergies (bee sting, fire ant bite, etc.), and/or learning challenges. Please list the severity of the allergic reaction and what steps should be taken:

Children in Grades 3-8, with written permission of the parents, can leave their classrooms unescorted. My child(ren) has my permission to leave his/her CCD classroom at the conclusion of class to:

walk to the parking lot without an accompanying adult.

walk home without an accompanying adult.

Child's name:

Grade:

Child's name:

Grade:

Child's name:

Grade:

Before continuing with this form, please read the Faith Formation Handbook available on the church website at st-raphaels.com. Click the Adult & Youth Faith Programs tab and select Sunday Faith Formation. Scroll down to the Faith Formation Handbook. This acknowledgment must be completed before your child(ren) attend class.

I acknowledge that I have received, read, understand and my child(ren) agree to abide by the policies contained in the Parent/Student Faith Formation Handbook, including St. Raphael's Program Policies and Procedures, the Harassment Policy in Non-Employment Situations and the Safe Environment Policies of the Diocese of St. Petersburg.

Each year, we provide a seminar during class time for parents to learn how we educate their children in personal safety while learning that their personhood is a gift from God.

Please select your choice here from the DROP-DOWN MENU.

By inputting your name in signature boxes on this form, you are verifying that the statements and information provided are true and correct, and you are attesting to the validity of all contents within this electronic submission. By typing your name below, you are deemed to have electronically signed this statement.

Parent/Guardian signature:

Parent/Guardian signature:

Today's Date:

Following is a SEPARATE PERMISSION FORM FOR MEDIA unrelated to the acceptance of the handbook. Please complete this as well.

Publicity Releases/Photos: During the St. Raphael Sunday Faith Formation program, my child (listed below) may participate in video, motion picture, audio recording or still photograph productions that involve the use of students' names, likenesses or voices. Such productions may be used for educational or exhibition purposes by St. Raphael Church in perpetuity and may be copied, copyrighted, edited and distributed by St. Raphael Church in perpetuity. You have the right to object to the use of your child's name, photo or voice in these productions.

I give permission for my child(ren)'s name and likeness to be included in such publicity releases.

YES

NO

Parent/Guardian signature:

Parent/Guardian signature:

Today's
Date:

STUDENT 1 INFORMATION

Last Name:

First Name:

Middle Name:

Nickname:

Grade:

Birth Date:

School:

Gender:

Religion:

Ethnicity:

Faith Formation program attending:
(Check appropriate box.)

Sunday, 10:45 AM to 12 PM

Teach at Home

SACRAMENTS COMPLETED:

Baptism:	First Communion:	Confirmation:
Yes	Yes	Yes
No	No	No

STUDENT 2 INFORMATION

Last Name:

First Name:

Middle Name:

Nickname:

Grade:

Birth Date:

School:

Gender:

Religion:

Ethnicity:

Faith Formation program attending:
(Check appropriate box.)

Sunday, 10:45 AM to 12 PM

Teach at Home

SACRAMENTS COMPLETED:

Baptism:	First Communion:	Confirmation:
Yes	Yes	Yes
No	No	No

STUDENT 3 INFORMATION

Last Name:

First Name:

Middle Name:

Nickname:

Grade:

Birth Date:

School:

Gender:

Religion:

Ethnicity:

Faith Formation program attending:
(Check appropriate box.)

Sunday, 10:45 AM to 12 PM

Teach at Home

SACRAMENTS COMPLETED:

Baptism:

First Communion:

Confirmation:

Yes

Yes

Yes

No

No

No