



Acct# _____

Catholic Community of Gonzales & Waelder Faith Formation Registration Form 2024-2025

Family's Last Name: _____

Child resides with Mother /Father /Both/Other: _____

Father's/Guardian's Name: _____ Cell Phone: _____

Mother's /Guardian's Name: _____ Cell Phone: _____

Mailing Address: _____ City & Zip: _____

E-mail address of one parent: _____

Information of child(ren). Please list the OLDEST child first (can place up to 3 names on this form):

(Please Note if your child is new to our program, please provide a Copy of State Birth Certificate)

Child #1 – Full Name: _____ Grade: _____ Sex: Male / Female

Date of Birth (M/D/Y) : _____

Has Child been Baptized? Yes / No (Office Use: NEEDS Baptism; copy of BC provided)

If Yes, Church; City/State of Baptism: _____

Sacrament's child has received: Reconciliation: Yes / No // Communion: Yes / No // Confirmation: Yes / No

List any allergies this child may have: _____

Child #2 – Full Name: _____ Grade: _____ Sex: Male / Female

Date of Birth (M/D/Y) : _____

Has Child been Baptized? Yes / No (Office Use: NEEDS Baptism; copy of BC provided)

If Yes, Church; City/State of Baptism: _____

Sacrament's child has received: Reconciliation: Yes / No // Communion: Yes / No // Confirmation: Yes / No

List any allergies this child may have: _____

Child #3 – Full Name: _____ Grade: _____ Sex: Male / Female

Date of Birth (M/D/Y): _____

Has Child been Baptized? Yes / No (Office Use: NEEDS Baptism; copy of BC provided)

If Yes, Church; City/State of Baptism: _____

Sacrament's child has received: Reconciliation: Yes / No // Communion: Yes / No // Confirmation: Yes / No

List any allergies this child may have: _____

EMERGENCY CONTACT INFORMATION/ALTERNATIVE RELEASE

Alternate/Emergency Contact (not parent)

Name: _____ Relationship: _____ Mobile # _____

To whom we may release child: (other than biological parent or legal guardian)?

Name: _____ Relationship: _____ Mobile # _____

Name: _____ Relationship: _____ Mobile # _____

PERMISSIONS

(Parent's/Guardian's initials required below)

Photo/Video Consent and Release. I hereby authorize Catholic Community of Gonzales & Waelder to take photographs, recordings, and/or videos (whether electronic, digital, or otherwise) of Participant in connection with the activities, and I hereby consent to the use, reproduction, and publication of such images by Catholic Community of Gonzales & Waelder in connection with the promotion and publicity of the activities of St. James Catholic Church, including, without limitation, publication of such images on Catholic Community of Gonzales & Waelder 's website, media, etc. I, individually and in my capacity as parent/legal guardian of Participant, hereby waive any right to inspect or approve the actual use by Catholic Community of Gonzales & Waelder Church of any such image of Participant. Such images of Participant shall be the sole property of St. James Catholic Church, and I, individually and in my capacity as parent/legal guardian of Participant, acknowledge and agree that neither I nor Participant shall be entitled to any compensation whatsoever should any such images of Participant be used by St. James Catholic Church

Initials: _____

FAITH FORMATION FEE

The Faith Formation Program has a fee to help defray costs of the Faith Formation Program (books, supplies, utilities). The fees are:

K- 2nd ,3rd ,4th ,5th ,7th ,8th Grade: \$15

6th grade is \$43.00 (because it includes a study book they will need)

First Communion Year I & Year II \$40.00

Confirmation Year I & Year II \$40.00

Please let us know if you need assistance with the fee. No child will be excluded from attending Faith Formation classes because of financial difficulty. We can work with you.

Please check method of payment: ___ Cash or ___ Check # _____

PARENT/GUARDIAN SIGNATURE

I request that Catholic Community of Gonzales & Waelder, Religious Education Center enroll my child(ren) named above. I authorize a representative of Catholic Community of Gonzales & Waelder Religious Education Center to refer and/or transport my child(ren) to the doctor in the event of an emergency or sudden illness, providing the primary and alternative person(s) designated by me cannot be reached (See authority list below). I release the Religious Education Center and all personnel involved from liability for injuries sustained by my child(ren) while being transported for the above reason.

Signature of one parent: _____ Date: _____