

**If your son/daughter was not baptized at Holy Rosary or St. John parish,
a copy of his/her Baptismal Certificate is required by *September 1st*.**

Name	Baptismal Date and Parish	First Eucharist Date & Parish

I give permission for my child's picture and/or name to appear on the parish name website, bulletin boards, & newspaper articles in relation to events that happen in the program. Please note, that the parish bulletins are also posted on the parish websites. _____ (initials)

I have (will) read the Parent Handbook and agree to the requirements and expectations of the Eastside Catholic Faith Formation Ministry program. _____ (initials)

I CONSENT TO THE PARTICIPATION OF MY CHILD/WARD IN THE EASTSIDE CATHOLIC FAITH FORMATION MINISTRY RELIGIOUS EDUCATION PROGRAM.

CONSENT FOR MEDICAL CARE:

I give permission that, in my absence, my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at Eastside Catholic Faith Formation Ministry.

Signed (Parent/Legal Guardian): _____ Date: _____

I would like to volunteer to help with the program in some capacity. _____

Parent Signature _____ Date _____

WE REQUEST ALL FAMILIES AND CHILDREN BE REGISTERED BY JULY 31ST SO THAT WE CAN PURCHASE THE NECESSARY MATERIALS.

For Office Use Only			
Amount Due \$ _____			
Amount Paid \$ _____	Check # _____	Cash _____	Amount Owed \$ _____
Date Received _____	Received By _____		