

Little Saints
Faith Formation 2014/2015

Child's name: _____ Birthdate: _____ Boy or Girl _____

School: _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone (Home) _____ (Parent's Cell) _____

Parent's E-Mail: _____

Sacraments: Please check the sacraments your child has **ALREADY** received:

- Baptism (Date & Where Received): _____
- Reconciliation
- First Communion

Mother's Name: _____ Parish/Religion _____

Father's Name: _____ Parish/Religion _____

Custodial Parent Guardian: _____

Emergency Contact (non-parent): _____

Contact Relationship to Child: _____

Emergency Phone Number(s): _____

Child's Allergies, Medical or Special Concerns: _____

Photo Release

I give St. Gabriel Church permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the parish with the respect to copyright ownership and publication including any claim for compensation related to use of the materials.

YOUR NAME (Parent or Guardian, Please print) _____

YOUR SIGNATURE _____

We always need lots of adults to adequately serve all of our children. Are you, or could you recommend someone who would be interested in volunteering with the Little Saints Program? We can use volunteers in a variety of ways, from classroom teachers to project preparation and office assistance. How can you help? _____

Fees: \$25 per child (\$50 non-parishioners) or \$20 per child with families with 3 or more children (payment arrangements can be made)

T-Shirt Size (circle) YXS YS YM YL AS AM AL