

# Little Saints Faith Formation 2019/2020

Child's name: \_\_\_\_\_ Birthdate: \_\_ / \_\_ / \_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

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Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Parent's Cell): \_\_\_\_\_ Parent's email: \_\_\_\_\_

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

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

Mother's Name: \_\_\_\_\_ Parish/Religion \_\_\_\_\_

Father's Name: \_\_\_\_\_ Parish/Religion \_\_\_\_\_

Custodial Parent Guardian: \_\_\_\_\_

Emergency Contact (non-parent): \_\_\_\_\_ Contact Relationship to Child: \_\_\_\_\_

Emergency Contact 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 helpers to project preparation and office assistance. How can you help? \_\_\_\_\_

Suggested donation: \$35 per child (\$50 non-parishioners) or \$30 per child with families with 3 or more children

If t-shirts are ordered, please indicate your child's shirt size:

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