

2017 – 2018
ST. EDWARD CATHOLIC CHURCH
First Communion Registration (if enrolled in a Catholic School)

DATE: _____ CHURCH ENV/ID#: _____

Family Last Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

CHILD LIVES WITH: Both Parents _____ Mother _____ Father _____ Other: _____

E-Mail: _____

MOTHER or FEMALE GUARDIAN: Religion: _____

First Name: _____ Last: _____ Maiden: _____

Occupation: _____ Work Number: _____ Cell#: _____

FATHER or MALE GUARDIAN: Religion: _____

First Name: _____ Last: _____

Occupation: _____ Work Number: _____ Cell#: _____

CHILD INFORMATION	Child 1	Child 2	Child 3	Child 4
FIRST NAME:				
LAST NAME:				
GRADE IN AUGUST, 2017				
SCHOOL				
MALE (M) or FEMALE (F)				
BIRTH DATE				
BAPTISM DATE:				
Needs Baptism?:	Yes No	Yes No	Yes No	Yes No

If your child(ren) was/were not baptized at St. Edward, you are required to provide a copy of their BAPTISMAL CERTIFICATE to the Faith Formation Office by: NOVEMBER 20, 2017

Fees: \$50/child

Photograph and/or Videotape Consent & Release

I hereby grant St. Edward Catholic Church the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my name, face, likeness, voice and appearance.

I certify that I am the parent or legal guardian of the participant(s), and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Photograph and/or Videotape Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

EMERGENCY INFORMATION

This information must be filled out and signed by the Parent/Guardian.

Whom should we contact in case of emergency? (Phone Numbers to include home, office, cell)

Name _____
Address _____
Phone _____

Name _____
Address _____
Phone _____

Are your children taking any medication _____NO _____YES (please explain)

What medications are your children taking? (child's name and medical need)

Is there a food allergy/condition/disability that we should be aware of regarding your child's health?

If we are unable to contact you or the person(s) you designated as emergency contacts, do you give us your authorization to provide appropriate medical action should your child(ren) require it while attending a religious education class, retreat or other activity connected with this parish program?

YES _____ NO _____

If so, which hospital would you prefer your child to be taken to? _____
Name of Doctor _____ Phone _____

Signature of Parent/Guardian: _____

Please Print Name: _____ **Date:** _____