



Growing in Faith...Forming Young Disciples

Child's Name _____ Male _____ Female _____

(First) (Middle) (Last)

Date of Birth _____ Grade as of Sept. 1, 2022 _____

Full Address _____

Primary Email* _____ *** used for all correspondence during the year**

Primary Phone _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian's Info: Relationship to Child (if not parent) _____ Religion _____

First/Last Name _____ Maiden Name (Required) _____

Cell# _____ Email (if different from Primary) _____

Father/Guardian's Info: Relationship to Child (if not parent) _____ Religion _____

First/Last Name _____ Cell# _____ Email _____

We would like information about joining the Catholic Faith?

Please circle your preferred option.
We will do our best to accommodate your choice. Classes will fill in the first come first serve manner.

FAITH FORMATION OPTIONS

St. Joseph Site			
CGS I and II Catechesis of the Good Shepherd	Grades Pre-K -Grade 3 Sunday 9:15-10:45 AM	Grades Pre-K – Grade 3 Sunday 12:15-1:30PM	
CGS II Only Monday Evening Catechesis of the Good Shepherd	All who have completed Level I to 3 rd grade Monday 6-7:30PM		
CGS III	Grades 4 & 5 Sunday 9:15-10:45 AM		
Edge	Grade 6	Grade 7	Grade 8
St. John Site			
CGS I or CGS II (CGS II- Those who completed Level I until First Communion)	Grade 3	Grade 4	Grade 5
Homeschool Materials sent home for completion with parental lesson guidance.	Grade: K 1 2 3 4 5 6 7 8		

All children are required to have at least 2 years of Faith Formation before receiving their Sacraments

SACRAMENT VALIDATION

Parish/Church where your child was baptized*: _____ Not Baptized: _____
Date of Baptism if known: _____ (month and year if possible)

**If your child was not baptized in the diocese of Pittsburgh, please attach a copy of their Baptismal Certificate.*

Received First Reconciliation/Confession? Yes No

Received First Holy Communion/Eucharist? Yes No Parish and date: _____

Confirmed in the Catholic Church? Yes No

EMERGENCY CONTACT

In case of emergency, list the person whom we should contact if you, the parent(s), cannot be reached:

Name: _____ Phone: _____ Relationship: _____

MEDICAL INFORMATION

All medical information is confidential.

- Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, emotional problem, or any other reason? NO _____ YES _____

If Yes, List: _____

- Describe any allergy, chronic illness or other conditions: _____

- Does your child take any medications? NO ___ YES ___ List: _____



Covid 19: I understand and agree that if my child is experiencing any symptoms of the Covid 19 virus or has been diagnosed with the virus I will inform the CFF Administrator and keep my child at home.

MEDICAL AUTHORIZATION

In the event of any injury or illness to my/our child during his/her participation in this program, I/we hereby give my/our permission for the necessary medical treatment to be given to my/our child. I/we, for myself/ourselves, for my/our child, our respective heirs, and my/our respective legal representatives, do hereby indemnify and hold harmless any representative St. Francis of Assisi Parish and from any and all claims, demands, and courses of action of whatever kind and nature for their actions taken pursuant to this authority.

I/we agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to the Catechetical Directors, St. Francis of Assisi Parish, the Catholic Institute or the Roman Catholic Diocese of Pittsburgh for payment of any medical costs or injury related costs.

Parent Signature: _____

Date: _____

PHOTOGRAPH/VIDEO/IMAGE RELEASE

I grant to St. Francis of Assisi Parish the right to take photographs of my child in connection with Children's Faith Formation. I authorize St. Francis of Assisi Parish, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that St. Francis of Assisi Parish may use such photographs of my child with or without their name and for any lawful purpose, including such purposes as publicity, illustration, advertising, and Web content.

Parent Signature: _____

Date: _____

Material Donation

There is a suggested donation of \$35 per child to cover materials for the year. **Families with more than 2 children will be capped at \$90.** The donation covers the cost of curriculum and supplies throughout the year.

***If this donation presents a hardship for your family, please notify the Catechetical Administrator. No child will ever be turned away due to financial hardship.**

Check – Amount: \$ _____ Check # _____

Make checks payable to: "St. Francis of Assisi Church"