



Divine Savior Catholic Church Enrollment Form 2019-2020

Early Childhood (ages 3-5), Children's Faith Formation (Gr. K-5), Edge (Gr. 6-8) and LifeTeen (Gr. 9-12)

A copy of the child's Baptism Certificate must also be included for all children preparing for Sacraments.

For Office Use Only
Database _____
Paid _____

Student(s) Last Name _____ Parent(s)/Guardian responsible for Faith Formation _____

Address _____ City _____ Zip _____

Family Email for FF Program	PLEASE PRINT CLEARLY IN THE BOXES BELOW										Please circle: .com .org .net		

Parent/Guardian Information

Parent/Guardian First/Last Name	Relationship to Student(s)	E-mail Address (If not the same as above)	Cell #	Home #

With whom does the student(s) live? ____ Mom & Dad ____ Mom ____ Dad ____ Part-time with Mom/Part-time with Dad ____ Grandparent

Should Faith Formation emails be sent to an additional email address other than above? If yes, please provide: _____

Child(ren) Information

First Name	Last Name	M/F	Birth Date M/D/Y	Grade in Fall	School Attending in Fall	✓ Sacraments				✓ Class Options For each student registering					
						Catholic Baptism	Reconciliation	Eucharist	Confirmation	Early Childhood (ages 3-5) Sunday 9:30am - 10:30am	CFF (K-5th) Sunday 8:15 am	CFF (K-5th) Sunday 10:15 am	CFF (K-5th) Sunday 4:15pm	EDGE (6-8) Sunday 4 - 5:15pm	LifeTeen (9-12) Sunday 6:30 - 7:30pm
ALREADY CELEBRATED															
<i>(List additional children on another sheet of paper)</i>															

Specific Information for Medical Conditions, Allergies or Special Needs (please contact the program coordinator(s) if there is any information about your child/teen that would be helpful for them to know)

Child:	Allergies/Medical Conditions:
Child:	Allergies/Medical Conditions:
Child:	Allergies/Medical Conditions:
Child:	Allergies/Medical Conditions:

Sacrament Preparation Information

Please check the Sacrament(s) that you are preparing for: ___ 1st Reconciliation ___ 1st Communion (Grades 2-5)
___ Confirmation (Grades 8-12)

Requirements:

1st Reconciliation and 1st Communion - In order to enroll, your child must be Baptized, be at least **in 2nd Grade** and have attended at least **one full year** of faith formation. Sessions are on Wed. evenings.

Confirmation – In order to enroll, the teen must have celebrated the Sacraments of Baptism, Reconciliation, and 1st Eucharist. In addition, teens must have one full year of faith formation since celebrating 1st Communion, must attend 12 Confirmation sessions during the year and have regular attendance at Middle School or High School youth group on Sunday evenings, in addition to regular Mass attendance. Confirmation sessions are on Tuesday evenings.

If your child was baptized in a church other than Divine Savior, a copy of the baptism certificate will be required. If your child has not been baptized, please contact Sharon Laitinen.

For a child/teen to begin Sacrament Prep, all legal parent(s) or guardian(s) should give consent by signing this document.

Signature of parent/guardian: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

Emergency Contact Information, Authorization to treat & Photo/Video Release (Please read and sign)

Emergency Contact – If parent/guardian is not available, please contact: _____ **relationship:** _____

Phone #1: _____ Phone #2 _____

Authorization to treat a minor (s)

In the event of an accident or an emergency, when a parent/guardian is unavailable, I hereby give permission to Divine Savior Parish and their employees, representatives and adult volunteers, to arrange for and authorized emergency treatment for my child, as considered necessary by the attending physician or by a licensed and qualified medical professional. I wish to be advised prior to any further treatment by the hospital or doctor. I (we) the undersigned parent/guardian fully understand my (our) responsibility to pay all costs incurred as a result of the foregoing.

_____ I do not choose the above statement and desire the following action to be taken: _____

Photo/Video release:

I hereby grant permission for my child(ren) to be photographed and/or videotaped during Faith Formation. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and that they may appear in the weekly bulletin, parish website or social media for the purpose of promoting the Faith Formation programs at Divine Savior Catholic Church. My child(ren)'s names will not be published in conjunction with any photo and/or video.

Accept: _____ **Decline:** _____

Signature of parent/guardian: _____ Date: _____