**St. Bartholomew's and St. Anthony's Churches**
**Faith Formation**
**School Year 2022-2023**

Please check one: K-5__ 1st Communion__6-8__Confirmation__

Siblings also attending: Name:_____ Grade_____

Name: _____Grade_____

**Student Information:**

Last Name _____First Name_____Grade___DOB_____

Address_____

Phone number_____Email_____

Previous Religious Ed grades attended_____Parishioner of St. Bart's_____St. Anthony_____

Baptized Yes___No___ Church where baptized_____

Church where child received First Communion_____

**Parent/Guardian Contact Information at Primary Residence:**

Last Name_____First Name_____

Received all Sacraments Yes___No___ Email_____Phone_____

Last Name_____First Name_____

Received all Sacraments? Yes___No___ Email_____Phone_____

Address _____

**Preferred method of contact: ___mail___email___text**

**Parent/Guardian Contact Information at Secondary/Other Residence:**

Last Name_____First Name_____

Received all Sacraments Yes___No___ Email_____Phone_____

Last Name_____First Name_____

Received all Sacraments? Yes___No___ Email_____Phone_____

**Preferred method of contact: ____mail____email____text**

**Note: If someone other than a parent will be bringing or picking up your child, please supply name, contact phone number and relationship to child: _____**

**Allergies, medical conditions or special needs we should be aware of:_____**

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Emergency Contact who is near and can be easily reached by phone:

Name_____ Phone_____Relationship to student_____

I, the parent/guardian, acknowledge that I am the **PRIMARY EDUCATOR** of my child and agree to fulfill my obligation to the program by:

1. Providing transportation to and from Religious Education class each week
2. Actively participate in all programs/events pertaining to my child's religious education and/or sacramental preparation
3. Being aware of my child's lessons/prayers and reviewing with him/her each week
4. **ENSURING SUNDAY MASS ATTENDANCE**

   Parent/guardian_____ Date_____

**RELEASES**

The following information and consents apply to:

Student's name_____

**Parent Medical and Liability Release Statement:** I understand that in the event medical intervention is needed, every attempt will be made to contact me or the emergency contacts immediately.

**Video/Photo/Audio Permission:** I also understand and consent to the use of any digital, audio or visual, promotion of our parish in which my child appears.

If there are any questions, please contact the church office.

Parent/guardian _____Date_____

**PLEASE NOTE THAT WE ARE NOT COLLECTING A PROGRAM FEE FOR THE RELIGIOUS EDUCATION CLASSES**