



St. Paul's Church Whitesboro

Faith Formation Registration

2023-2024

For Office Use Only

Paid: Y N Check Cash

Date Paid: _____ Amount: _____

Check#: _____

***Please complete a separate form for EACH CHILD
participating in the Faith Formation Program**

Checks can be made payable to: St. Paul's Church

Registration Fee: \$35 (per child) \$50 (per Family)

Student Name: _____

Birth Date ____/____/____

Address: _____
(Street, City, State, and Zip Code)

Grade: _____ School: _____ Home Parish: _____

Father's Name: _____ Mother's Name: _____

Father's Cell: _____ Maiden Name: _____

Parent Home# _____ Mother
Parent Cell# _____

Parent Email: _____

Please list any allergies, special conditions or needs your child has in a learning environment. Modifications will be determined on an individual basis.

Baptism: ____Yes ____No

Parish _____

City _____ State _____ Zip _____

First Eucharist/Holy Communion: ____Yes ____No First Penance ____Yes ____No

Parish _____

City _____ State _____ Zip _____

1st COMMUNION STUDENTS: Please provide a copy of Baptismal Certificate if not baptized at St. Paul's Church

☐ (Please check box if applicable) My child is in Grades 3-10 and has NOT received the Sacrament of 1st Reconciliation and/or 1st Holy Communion.

Emergency Contact: _____ Phone# _____
(First and Last Name)

Relationship to Student: _____ Cell# _____

If your child leaves early or is being picked up by someone else, please send a note.

(These people may be asked to show ID prior to the release of students)

Photo Authorization:

Photographs and/or videos of minors are taken periodically for use in parish publications and to celebrate your child's participation and accomplishments. By signing this registration, you are granting permission to St. Paul's Church to use photos and/or videos of your child to promote our program. Names are seldom used, If names are used, only your child's first name will be published. (Last names will not be used without contacting you and obtaining your permission) You may limit or disallow this by contacting the parish office and providing us with a written notice of what limitations you would prefer. ___ St. Paul's Website ___ St. Paul's Facebook or ___ other parish media sites (check if no)

Please note that the diocese, its parishes, schools, and ministries have limited control of the use of photography or film taken by private individuals or the media that may be covering the event in which your child(ren) participate(s). Also, if your child is not allowed, know that they will be removed from any group pictures, or their picture may be blurred or masked so they will not be seen.

Please initial here: _____

Grades 3-6 - Check in the box below, for the time on Monday your child will be attending. 4:15-5:30 ☐ 6:00-7:15 ☐

I confirm that all information provided is correct and I give photo permission as described in the Registration Form.

Parent/Guardian Signature _____ **Date** _____

Join Our Faith Formation Team

After 1st Communion

Altar Server ☐

*Lector ☐

**After Confirmation*

Eucharistic Minister ☐

I would like to volunteer to help the Faith Formation team:

Teacher ☐

Substitute ☐

Classroom Assistant ☐

Other ☐

Please list any siblings participating in our program:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Comments: