

St. Augustine's Faith Formation Registration Form 2017-2018
 7333 O'Brien Road, Baldwinsville, NY 13027
 (315) 638-0864 kskinner@staugustinesparish.org

FOR OFFICE USE ONLY

Pymt. Rec'd Date _____
 Cash _____ Check _____ By _____
 Parish Registration Verified By _____

FAMILY Last Name _____ E-mail (primary contact) _____ Phone _____
 Address _____

Mother Cell Phone _____ **Father Cell Phone** _____ **Other/Who?** _____

Who is responsible for picking student(s) up? _____

Mother's Maiden Name _____ Mother's Religious Affiliation _____

Father's Name _____ Father's Religious Affiliation _____

STUDENT INFORMATION: Please include information for all children Grades Pre K – 10

Please select classes below.

Name First, Last	Date of Birth	School	Grade Fall 2017	Baptism When/Where	First Reconciliation When/Where	First Eucharist When/Where	Summer (Grades 6-10) Aug. 7-10	Sun. Seeds/K	Sun. Gr.1-5	Sun. Gr. 6-10	Mon. Gr. 6-10

Are there any activities or situations that we need to know about i.e. visitation weekends, scouts, regular extra-curricular activities, tournaments, chronic illness, etc.?

Allergies/Needs? _____

Registration Fee **Before** July 31, 2017: \$30.00 per student/ \$75.00 family maximum
 Registration Fee **After** July 31, 2017: \$40.00 per student/\$100.00 family maximum
 Scholarship money is available to any family unable to pay any part of registration fees.

PLEASE SEE REVERSE SIDE



PARISH PHOTOGRAPH POLICY

Parents or guardians who do **NOT** wish to have their child's name/or photograph appear on the parish website, Facebook page, newsletter or any other mailings/publications must indicate that in writing. Student photographs could be posted on these sites unless parents or guardians inform the parish of their desire **NOT** to have their child photographed. Please choose and complete the appropriate response.

I, _____, parent or guardian of:	
<i>Print first and last name here</i>	

<i>Please list the names of all your children (birth through eighteen)</i>	
<u>DO GIVE</u> permission to St Augustine's Church, Baldwinsville, NY to include my child's name and/or photograph on the parish website, Facebook page, newsletter or any other mailings/publications.	
_____	_____
<i>Signature of Parent or Guardian</i>	<i>Date</i>

I, _____, parent or guardian of:	
<i>Print first and last name here</i>	

<i>Please list the names of all your children (birth through eighteen)</i>	
<u>DO NOT GIVE</u> permission to St. Augustine's Church Baldwinsville, NY to include my child's name and/or photograph on the parish website, Facebook page, newsletter or any other mailings/publications.	
_____	_____
<i>Signature of Parent or Guardian</i>	<i>Date</i>