

St. Augustine's Faith Formation Registration Form 2018-2019
 7333 O'Brien Road, Baldwinsville, NY 13027
 (315) 638-0864 kskinner@staugustinesparish.org

<i>FOR OFFICE USE ONLY</i>			
Pymt. Rec'd Date _____			
Cash _____	Check _____	By _____	
Parish Registration Verified By _____			

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

Address _____

Parent #1 Cell Phone (Who?) _____ **Parent #2 Cell Phone (Who?)** _____

Who is responsible for picking student(s) up? Include Name(s) and relationship _____

Mother's Name Including Maiden Name _____ 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 2018	Baptism When/Where	First Reconciliation When/Where	First Eucharist When/Where	Summer (Grades 6-10) Aug. 6-9	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, 2018: \$30.00 per student/ \$75.00 family maximum
 Registration Fee **After** July 31, 2018: \$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:

Print first and last name here

Please list the names of all your children (birth through eighteen)

DO GIVE 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.

Signature of Parent or Guardian

Date

I, _____, parent or guardian of:

Print first and last name here

Please list the names of all your children (birth through eighteen)

DO NOT GIVE 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.

Signature of Parent or Guardian

Date