

CORPUS CHRISTI PARISH

Faith Formation Center

Winslow, Maine 04901

Faith Formation and Junior High Youth Ministry Registration Form K-8 2017-2018

Parents' Names _____

Address _____ Home Phone _____

City _____ Zip _____

Mother's Cell Phone _____ Father's Cell Phone _____

****Best number to use for TEXT messages, for reminders of meetings and other dates:*** _____

Are you a registered member of Corpus Christi Parish? Yes _____ No _____

It is necessary for the family to be registered at Corpus Christi Parish for the children to be included in our program.

Child #1 _____ Grade _____ Birth date _____

Please circle which sacraments this child has received:

Baptism (place : _____) 1st Reconciliation Confirmation 1st Eucharist

Child #2 _____ Grade _____ Birth date _____

Please circle which sacraments this child has received:

Baptism (place : _____) 1st Reconciliation Confirmation 1st Eucharist

Child #3 _____ Grade _____ Birth date _____

Please circle which sacraments this child has received:

Baptism (place : _____) 1st Reconciliation Confirmation 1st Eucharist

Child #4 _____ Grade _____ Birth date _____

Please indicate which sacraments this child has received:

Baptism (place : _____) 1st Reconciliation Confirmation 1st Eucharist

Please enroll my child(ren) (grades K-8) in the following session (please check one):

- Sunday 8:30-9:45am (All Sunday sessions K-5 are at the Faith Formation Center in Winslow)**
- Sunday 6:00-8:00 Junior High Youth Ministry (6-8) at the Faith Formation Center**
- I prefer to work with my child at home with materials provided by the parish**
- Sunday 3:00 to 5:00 FAMILY LIFE: place to be decided, either FFC or St. John School**

Registration Fees—to help offset the cost of running the program

1 child \$20.00 sacrament child 35.00

Please make checks payable to: Corpus Christi Parish

70 Pleasant Street, Waterville, ME 04901

Turn page please →

Registration Due Date: September 4, 2017

Please complete *the Emergency Contact Information*

EMERGENCY CONTACT INFORMATION

Child's Name: _____ Birth Date: _____ Allergies _____

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Child's Name: _____ Birth Date: _____ Allergies _____

Insurance Carrier: _____

Emergency Contact if parent cannot be reached:

Name: _____ Phone: _____

Relationship to child(ren): _____

I give permission to the Catechetical Leader or her representative to obtain emergency treatment for my child in my absence.. I relieve Corpus Christi Parish and the Diocese of Portland of all responsibilities and consequences that may arise as a result of this treatment. I will not hold the parish, diocese, PCL, catechists or representatives associated with this activity responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling and obtaining such treatment.

Parent or guardian signature

Date: