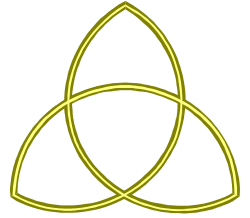


# Faith Formation

Sacred Heart \* Saint Ann \* Saint Mary Churches  
90 Melrose Road  
Auburn, N.Y. 13021

252-3439 Office \* 255-0716 Fax

## 2012 FAITH FORMATION ENROLLMENT FORM



Parishioner #	Individual ID	Grade Enter Sept.	Birth Date	Phone Number	Parish Name
Last Name		First Name		Nick Name	
House Number	Street Name		City, State		Zip Code
Father Name		Father Work Phone		Father Cell Phone	
Mother Name (First, Maiden, Last)		Mother Work Phone		Mother Cell Phone	
Email Address		Step Mon/Dad Name		Step Mom/Dad Phone	
Baptism Date			Baptism Place		
Penance Date			Penance Place		
First Eucharist Date			First Eucharist Place		
Confirmation Date			Allergies/Special Needs		

*\*Please update any missing or incorrect information for our records. We are trying to update our database. Your help would be appreciated!*

**CIRCLE THE PROGRAM YOU WOULD LIKE YOUR CHILD TO ATTEND:**

July 9-20, 2012  
8:30am-12:00pm

August 13-24, 2012  
8:30am-12:00pm

Sunday Evening Family Faith Sept-April  
5:00-7:00pm

**\*\*\* PLEASE COMPLETE THE OTHER SIDE OF THIS FORM \*\*\***

Registration is on a **first-come first-served basis** fee is \$60. Half of registration fee (non-refundable) is required at registration. The remainder will be due before start of class. Registration due **April 25<sup>th</sup>**. Late registration will be an additional \$10 per child. **No** registration accepted after 2 weeks prior to the start of the session. Please make checks payable to: **FAITH FORMATION**

**for office use only:** date received \_\_\_\_\_ amount paid \_\_\_\_\_ payment type \_\_\_\_\_

**Faith Formation**  
**Sacred Heart \* Saint Ann \* Saint Mary Churches**  
**Religious Education Program**  
**2012 Health and Release Information**

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Family Physician \_\_\_\_\_

Please list any allergies your child has: \_\_\_\_\_

\_\_\_\_\_

Please list any special needs your child has: \_\_\_\_\_

\_\_\_\_\_

Is there anything else we should know about your child? \_\_\_\_\_

\_\_\_\_\_

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In signing this form, I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical and other emergency purposes only, and for the release of medical records to an attending physician in case of illness. In case of medical emergency, I understand that every effort will be made to contact the parents or guardians. In the event that I cannot be reached, I hereby give permission to the physician selected or the physician on call to secure proper treatment for my child named herein.

Signature of Parent/Guardian

\_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

## Dismissal Information

Please list below those people whom your child **may be** released to. Please note: (we **cannot** release your child to anyone whom you have not authorized. If you wish to add anyone to this list you must do it in person with proper identification. Phone calls and notes will not be accepted.) Children will be released from **their classrooms**.

\_\_\_\_\_

Do you have an objection to having your child's(ren) picture taken and/or displayed in church for special events?  
yes \_\_\_\_\_ no \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_