**Program Registration Form**

**Adult Participant(s)- Use Box 1 and 2 only.** For families with children, please provide additional requested information.

Return to: CHRIST THE KING-ST. FRANCIS DE SALES PARISH OFFICE or to: faithformation@ctknsf.org

***Adult Participant/Parent/Guardian***

|  |  |
| --- | --- |
| **1** Name |  |
| Address |  |
| Telephone | Street City Postal Code |
| Age | Day Evening |
| Marital Status | Age Birthdate |
| Email Address |  |
| Sacraments Received | Yes No Yes No  Baptism Marriage  Confirmation Holy Orders  Eucharist  Reconciliation  Anointing of the Sick |

***Adult Participant/Parent/Guardian***

|  |  |
| --- | --- |
| **2** Name |  |
| Address |  |
| Telephone | Street City Postal Code |
| Age | Day Evening |
| Marital Status | Age Birthdate |
| Email Address |  |
| Sacraments Received | Yes No Yes No  Baptism Marriage  Confirmation Holy Orders  Eucharist  Reconciliation  Anointing of the Sick |

***Custodial Parents’ Data (if applicable)***

|  |  |
| --- | --- |
| Name of Father  🞏 Legal Custody |  |
| Address  (if different from above) |  |
| Telephone/Email | Street City State Postal Code |
| Name of Mother  🞏 Legal Custody | Day Evening Email Address |
| Address  (if different from above) |  |
| Telephone | Street City State Postal Code |
|  | Day Evening Email Address |

Child’s Information:

First Name: Last Name: Birth Date: / /\_\_\_\_\_

Gender: Male Female Grade: School: .

Allergies/Special Needs/Instructions: .

Current Sacramental Needs: Baptism Reconciliation Eucharist Confirmation

Child’s Information:

First Name: Last Name: Birth Date: / / \_

Gender: Male Female Grade: School: .

Allergies/Special Needs/Instructions: .

Current Sacramental Needs: Baptism Reconciliation Eucharist Confirmation

Child’s Information:

First Name: Last Name: Birth Date: / /\_\_\_\_\_

Gender: Male Female Grade: School: .

Allergies/Special Needs/Instructions: .

Current Sacramental Needs: Baptism Reconciliation Eucharist Confirmation

Child’s Information:

First Name: Last Name: Birth Date: / /\_\_\_\_\_

Gender: Male Female Grade: School: .

Allergies/Special Needs/Instructions: .

Current Sacramental Needs: Baptism Reconciliation Eucharist Confirmation

Child’s Information:

First Name: Last Name: Birth Date: / /\_\_\_\_\_

Gender: Male Female Grade: School: .

Allergies/Special Needs/Instructions: .

Current Sacramental Needs: Baptism Reconciliation Eucharist Confirmation

***Emergency Contact***

|  |  |
| --- | --- |
| Name |  |
| Telephone |  |
| Relation to Participant | Home Work |

***Family Physician Data***

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone | Street City Postal Code |

***Health Insurance Data***

|  |  |
| --- | --- |
| Company |  |
| Policy Number |  |
| Group Number |  |
| Contract Number |  |

***Medical Treatment Release***

|  |
| --- |
| As parent/legal guardian, I hereby authorize first aid/medical treatment for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the event of an emergency which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to contact the person listed on this form as soon as reasonably possible. In the event that the aforementioned requires my authorization for treatment and I cannot be reached in an emergency, I hereby give my permission to the physician selected by the activity leader to hospitalize, secure medical treatment, and/or order an injection, anesthesia or surgery for the aforementioned as deemed necessary.  I understand all reasonable safety precautions will be taken at all times by the parish and its agents during Formation Programming. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parish), its leaders, employees, drivers, volunteers, or the Roman Catholic Diocese of Grand Rapids liable for damages, losses, diseases, or injuries incurred by the aforementioned.  Parent/Guardian Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Witness Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Parent/Guardian Photo-Video Permission***

|  |
| --- |
| As parent/ legal guardian, I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the Christ the King-St. Francis de Sales Faith Formation Programming. I understand that photography and/or video of participants may be procured during Faith Formation Programming and used in promotional materials. I consent to the use of images or likenesses of the aforementioned person, for promotional purposes, by Christ the King-St. Francis de Sales parish.  Parent/Guardian Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |