



The Collaborative Parishes of  
St. John Chrysostom and  
St. Theresa of Avila  
4750 Washington Street

# 2024-2025 Faith Formation Registration Form

(Please fill and complete to the best of your ability)

## CHILD'S INFORMATION

CHILD'S FULL NAME: \_\_\_\_\_

NICK NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

GENDER: MALE  FEMALE  DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_

WHAT GRADE WILL YOUR CHILD BE IN STARTING IN SEPTEMBER 2024?: (PLEASE CHECK ONE)

1  2  3  4  5  6  7  8  9  10

HAS YOUR CHILD BEEN BAPTIZED?: YES  NO  IF YES, WHICH YEAR? \_\_\_\_\_

WHICH CHURCH/CITY/STATE/ZIP?: \_\_\_\_\_

HAS YOUR CHILD RECEIVED FIRST COMMUNION?: YES  NO  IF YES, WHICH YEAR? \_\_\_\_\_

WHICH CHURCH/CITY/STATE/ZIP?: \_\_\_\_\_

FATHER'S FULL NAME: \_\_\_\_\_

MOTHER'S FULL NAME: \_\_\_\_\_

CHILD LIVES WITH: MOTHER  FATHER  BOTH  OTHER (PLEASE SPECIFY): \_\_\_\_\_

## PRIMARY ADULT'S INFORMATION

ADULT'S FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ If same as child's check here:

CITY/STATE/ZIP: \_\_\_\_\_

GENDER: MALE  FEMALE  DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ PRIMARY PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

I AM WILLING TO: TEACH  SUBSTITUTE TEACH  NEITHER

## SECONDARY ADULT'S INFORMATION

ADULT'S FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ If same as child's check here:

CITY/STATE/ZIP: \_\_\_\_\_

GENDER: MALE  FEMALE  DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ PRIMARY PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

I AM WILLING TO: TEACH  SUBSTITUTE TEACH  NEITHER

**EMERGENCY CONTACT INFORMATION**

(Must be different than the two adults listed above)

ADULT'S FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ If same as child's check here: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

GENDER: MALE \_\_\_ FEMALE \_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

PRIMARY PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**CHILD'S MEDICAL & SENSITIVE INFORMATION**

DOES THE CHILD HAVE ANY DISABILITIES/SPECIAL NEEDS/HEALTH ISSUES? IF SO PLEASE SPECIFY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF YES, PLEASE DESCRIBE THE PROCEDURE TO FOLLOW IN CASE OF EMERGENCY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS YOUR CHILD ENROLLED IN SPECIAL EDUCATION CLASSES/HAVE A LEARNING DISABILITY?:

\_\_\_\_\_

ARE THERE ANY DELICATE FAMILY CIRCUMSTANCES THAT WE SHOULD KNOW ABOUT?  
(i.e Parents separating or divorcing?):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AGREEMENT OF PERMISSION**

I hereby give permission for my child/children to participate in the St. John Chrysostom/St. Theresa of Avila Collaborative Parishes Faith Formation Program. I understand that this may include some physical and outdoor activities. I hereby release and indemnify St. John's, its staff and volunteers, and the Archdiocese of Boston from any and all liability arising from claims of any kind or nature whatsoever from my child/children's participation in this program.

I have read and agree to this permission statement. \_\_\_\_\_

**PHOTO RELEASE AGREEMENT**

I grant St. John Chrysostom/St. Theresa of Avila Collaborative Parishes, its representatives, and its employees the right to take photographs of my child/children and his/her/their property in connection with any events in which (he/she is)/(they are) participating. I authorize the Collaborative, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Collaborative may use such photographs of my child/children with or without (his/her name)/(their names) and for any lawful purpose, including but not limited to, such purposes as publicity, illustration, advertising and Web content.

I have read and understand the above photo release statement. \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_