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

2026-2027 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 2026?: (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: _____