



Saint John Chrysostom Parish  
4750 Washington Street  
West Roxbury, MA 02132  
Phone: 627-323-4410  
Web: [stjohnchrysostom02132.org](http://stjohnchrysostom02132.org)

## 2019-2020 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 2018?: (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 Saint John Chrysostom Faith Formation Program. I understand that this may include some physical and outdoor activities. I hereby release and indemnify Saint 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 Saint John Chrysostom Parish, 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 Saint John's, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Saint John's 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. \_\_\_\_\_

**TUITION/PAYMENT AGREEMENT**

Base fee for Faith Formation is \$75/child. For the First Communion and Confirmation program, the fee is \$125/child, for the Confirmation program covers the cost of the program and the one day retreat. Checks should be made out to Saint John Chrysostom Parish, and have " "Child's Name" Faith Formation Grade " \_ " " in the memo.

I have read and understand that I am liable for all payments. \_\_\_\_\_

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