

# Our Lady of the Snows & St Agnes 2011-2012 Faith Formation Registration

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: home \_\_\_\_\_ cell \_\_\_\_\_

Email \_\_\_\_\_

Child's Name →			DOB / /	Grade
	Baptism	1st Reconciliation	1st Eucharist	Confirmation
Church Town State				
mm/dd/yyyy				

Child's Name →			DOB / /	Grade
	Baptism	1st Reconciliation	1st Eucharist	Confirmation
Church Town State				
mm/dd/yyyy				

Child's Name →			DOB / /	Grade
	Baptism	1st Reconciliation	1st Eucharist	Confirmation
Church Town State				
mm/dd/yyyy				

**PLEASE CIRCLE ANSWER**

1. Is your family registered in our parish? Yes No
2. Where will your children be attending Faith Formation: St Thomas St Anne Sts Francis & Paul St Agnes
3. Are you interested in volunteering within the Faith Formation Program? Yes No
4. Are you Protecting God's Children certified? Yes No
5. Is there anything the Parish Catechetical Leader or your child's Catechist should be aware of concerning your child's medical requirements (allergies, special needs)? (if yes, please add details on the other side)

Emergency Contact Information	
Parent/Guardian contact # during class _____	
If the parents can not be reached in case of an emergency, please notify:	
Name _____	Relationship _____ phone _____
My child can be released to the following individuals	
Name _____	Name _____
Name _____	Name _____

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\*Note: It is the parent's / guardian's responsibility to notify the PCL of any changes in this information failure to do so could result in misunderstandings.

**2011-2012 FAITH FORMATION REGISTRATION FORM**  
**OUR LADY OF THE SNOWS**

The Roman Catholic Diocese of Portland has a program called "Protecting God's Children". The safety guidelines and rules within this program must be followed to protect all the children participating in parish-sponsored activities

Our adult teachers and volunteers that work with our child have been trained under the "Protecting God's Children" program and have had background checks completed. Parish policies and procedures have also been implemented. Providing safe and secure programs for our children is of utmost importance to this parish.

Please read and initial the following statements:

\_\_\_\_\_ I will accompany my child to his / her classroom.

\_\_\_\_\_ I will not leave my child unattended or alone on parish property or at parish-sponsored activities.

\_\_\_\_\_ I will come into the building and pick up my son / daughter directly upon class dismissal.

\_\_\_\_\_ I understand that my son / daughter will only be released to the individuals listed on the front of this form.

\_\_\_\_\_ If other transportation arrangements are made, I will provide a written note to his / her teacher upon arrival to class.

My signature below indicates that I have read and understand all of the above.

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

Use this space if needed, for additional information from page 1.