



Church • School • Preschool

# Faith Formation & Sacramental Preparation

## Registration for Students in Grades K - 12

Please register my child for (check all that apply):  Faith Formation, Grades K-5  1st Reconciliation/Eucharist  
 Middle School Youth Ministry, Grades 6-8  High School Youth Ministry, Grades 9-12  Confirmation

Student's Full Name \_\_\_\_\_ (Please print legibly.)

Date of Birth \_\_\_\_\_ City/State of Birth \_\_\_\_\_ Age \_\_\_\_ Baptized at St. Clare? \_\_\_\_ \*

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

Mother's Full Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Home Address \_\_\_\_\_

Parent Phone Number \_\_\_\_\_ Parent Email Address \_\_\_\_\_

**Please complete the Emergency Information for Youth on the reverse side of this form.**

**\*1st Reconciliation/Eucharist or Confirmation Students:** IF your child was NOT baptized at St. Clare Parish, a copy of your child's baptismal certificate is required.

**Materials Fee:** \$50.00 for K-5th Grade Students; \$75.00 for 6-12th Grade students; tuition assistance available. Checks payable to St. Clare Parish.

**Permission for Photograph Video Display of a Minor (under the age of 18):**

I hereby give St. Clare Parish permission to use a photograph or video clip (Including audio) of the minor listed above in its website, as well as in printed information used during the year. I understand that there will be no identifying information (name, age, etc.) about the minor accompanying the photograph or video clip on the website or other printed material. I also waive any right to compensation for the use of photographs or video clips (including audio).

**This permission for photographic display of a minor will be in effect annually from June 1, 2016, until Sept. 1, 2017, unless this permission is revoked by written notice to St. Clare Parish.**

Parent/Guardian: \_\_\_\_\_  
(signature) (print) (date)

For more information or questions, please contact Deacon Bill McNamara at 503.244.1037, x104 or [deaconbill@saintclarechurch.org](mailto:deaconbill@saintclarechurch.org).

**Office Use Only:**

Payment Rcvd by \_\_\_\_\_ Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_

Baptismal Certificate Rcvd if applicable \_\_\_\_\_ Date Recorded in Register \_\_\_\_\_ by \_\_\_\_\_



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## Emergency Information for Youth

Student's Name: \_\_\_\_\_

Student lives with: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group or identification Number: \_\_\_\_\_

Allergies (food, drugs, insects, etc.): \_\_\_\_\_

Is the student currently on any medication?

Yes

No

If yes, please state:

Name(s): \_\_\_\_\_ Dosage: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

**Please Note:** Any injuries, recent surgery, prolonged illness, current medication, corrective lenses, special health problem or other issues requiring special attention that would help emergency personnel to provide appropriate care for your child.

### Persons to Notify in Case of an Emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Please read the following statement and sign below:

I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

\_\_\_\_\_  
Signature (parent/guardian)

\_\_\_\_\_  
Date