

ST. GABRIEL FORMATION REGISTRATION 2009-2010

FEES: Families registered at St. Gabriel \$100 per child (\$250 max per family); registered at other parish \$150 per child. **Registration fees must be paid by the first day of Formation or arrangements made in advance with the Director. Sacrament fees due by Nov. 1, 2009. Fees are not refundable. Sacrament fees: Reconciliation \$25 Confirmation \$35**

FAMILY LAST NAME (As Registered at parish) ___ Married ___ Divorced ___ Remarried ___ Widow		Please indicate all phone numbers below so we can contact you in case of emergency.		
FATHER'S NAME	Catholic? Y / N	Father HOME	WORK	CELL
MOTHER'S NAME	Catholic? Y / N	Mother HOME	WORK	CELL
ADDRESS	Child Resides with: Both ___ Mother ___ Father ___			
CITY and ZIP	Send information to: Both ___ Mother ___ Father ___			
Mother Email	Who is allowed to pick up your child?			
	Father Email			

Sessions will be offered based on availability of catechists and aides. Pre-K sessions require the child be age 3 by July 1, 2009 Sessions are assigned on first-come basis.

	CHILD #1	CHILD #2	CHILD #3	CHILD #4					
Child Name First Middle (Last if different from Family name above)									
Nickname (if you want child address by this name)									
What grade for 2009-10? (circle grade)	PK K 1 2 3 4 5	PK K 1 2 3 4 5	PK K 1 2 3 4 5	PK K 1 2 3 4 5					
Day/Time Requested (circle) (Pre-K, K 4:15 only)	M 4:15 M 5:45 T 4:15 T 5:45 W 5:00	M 4:15 M 5:45 T 4:15 T 5:45 W 5:00	M 4:15 M 5:45 T 4:15 T 5:45 W 5:00	M 4:15 M 5:45 T 4:15 T 5:45 W 5:00					
BIRTH Date City, State									
Medical & other Comments (allergies, disabilities, etc.)									
S A C R A M E N T S	BAPTIZED Church, City, State		YR		YR			YR	
	RECONCILIATION Church, City, State								
	1ST EUCHARIST Church, City, State								
	CONFIRMATION Church, City, State								

Sacrament Preparation Diocese norms for Reconciliation is in 2nd grade; for Confirmation and First Communion is in 3rd grade. Children older than these grades will be accommodated. If the sacrament section is not filled out, and the child is in grade 2 or older, we will assume you are requesting the appropriate sacramental preparation for the child. If you have questions call or email Roxanna formation@stgacc.org 480-595-0883
NOTE: A copy of your child's Baptism certificate is required by the second week of sacrament preparation.

EMERGENCY MEDICAL RELEASE

Every effort is made to contact and inform the parents or guardians in case of a medical emergency, serious injury or surgical illness when immediate intervention is necessary. On rare occasions parents or guardian cannot be reached. Accordingly, parents or guardian are requested to sign the following:

We/I _____ hereby give permission to St. Gabriel Parish and its authorized agents in the event of illness or accident to our/my son/daughter (s) listed on the front of this form, to secure and provide medical, dental, or surgical care and treatment for him/her. We hereby give permission and authorize St. Gabriel Parish, its authorized personnel, or agents and those physicians, surgeons, and dentists retained by the church, to give, administer, and render any treatment or aid, including anesthesia or surgery, as necessary to protect, preserve and safeguard our/my son/daughter's life and/or health. We/I further authorize St. Gabriel Parish, through its Formation Office to release information to facilitate the medical or surgical care of our/my son/daughter and as is necessary to facilitate the release of information for the completion of a claim for health insurance. We/I release St. Gabriel Parish from any financial responsibility for the above-referenced treatment.

Mother: _____ date _____

Father: _____ date _____

Family Physician _____ phone _____

PHOTO RELEASE

We/I _____ hereby give permission to St. Gabriel Parish and its authorized agents permission to photograph our/my son/daughter (s) listed on the front of this form, for use of the parish formation program.

We/I _____ hereby give permission to St. Gabriel Parish and its authorized agents permission to publish photographs our/my son/daughter (s) listed on the front of this form, in the St. Gabriel bulletin, website, bulletin boards, or diocesan website or *Catholic Sun*.

Parent: _____ date _____