

**ST. CECILIA FAMILY FAITH FORMATION and YOUTH  
2016-2017**

(Please complete child information on other side.)

**Family Information** Last Name(s) \_\_\_\_\_

Mother/Father/Guardian Last: \_\_\_\_\_ First: \_\_\_\_\_

Mother/Father/Guardian Last: \_\_\_\_\_ First: \_\_\_\_\_

Email Address \_\_\_\_\_

Phones: \_\_\_\_\_ alt 1 \_\_\_\_\_ alt 2 \_\_\_\_\_

Do you use text messaging? Y/N          Are you registered with the parish? Y/N

Which other adults may pick up your child(ren)?

\_\_\_\_\_

**Emergency Contact (in case the above persons cannot be reached)**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ alt phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Photo Notification**

Our ministry takes photographs and videos of class events to be used in parish communication, including the bulletin or online sites. Children are never identified by name.

**The above items require authorization forms to be completed by the first day of class.**

**Class List** --Your child's name and your contact information will be included in a class contact list available to your child's volunteer catechist.

**Parental Faith Enrichment**

Join us for your own faith enrichment while the children are in class!

10:40 video lesson & discussion, 11:40 in child's class for prayer & announcements

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**Pre-K – 12th grade 10:30-11:45, CGS until 12:45**

**Adult Enrichment 10:40-11:40**

**Fee: \$40 for 1st child, \$30 each additional child, parent enrichment included**

Please return this form with payment.

by mail: St. Cecilia Family Faith Formation, 5632 Sunrise Drive, Fort Myers, FL 33919

For questions, please call 936-3635----- Kelli ext. 20, Linda S. ext. 19

**kbonner@saintcecilias.net, lsigl@saintcecilias.net**

*For office use only: Date paid \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_ Rec'v by \_\_\_\_\_*

Forms:  Med     Photo     Release to 3<sup>rd</sup> party     SET



**Child's Full Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Date and parish of Baptism:** \_\_\_\_\_

**Grade (as of Fall 2016) :** \_\_\_\_\_ **School** \_\_\_\_\_

**Grade requested for Family Faith Formation** \_\_\_\_\_

**MEDICAL INFORMATION** - The following information is confidential. Does student have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, emotional problem, or any other reason? Please explain:

Describe any allergy, chronic illness or other health conditions \_\_\_\_\_

Interests or Hobbies: \_\_\_\_\_

**Child's Full Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Date, parish, and city of Baptism:** \_\_\_\_\_

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