

**ST. CECILIA FAMILY FAITH FORMATION and YOUTH
2017-2018**

(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

Pre-K – 12th grade 10:30-11:45

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 3rd party SET

Child's Full Name: _____ **Nickname:** _____

Date of Birth: _____ **Date and parish of Baptism:** _____

Grade (as of Fall 2017) : _____ **School** _____

Grade requested for Family Faith Formation _____

The following information is confidential: Does your child have any special needs due to learning, reading, physical, sensory, or emotional differences? í any other reason?

Please explain:

Allergies, chronic illnesses, or other conditions? _____

Interests or Hobbies: _____

Child's Full Name: _____ **Nickname:** _____

Date of Birth: _____ **Date and parish of Baptism:** _____

Grade (as of Fall 2017) : _____ **School** _____

Grade requested for Family Faith Formation _____

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