

ST. CECILIA FAMILY FAITH FORMATION and YOUTH

(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.

Pre-K – 12th grade meet 9:30-10:45

Fee: \$40 for 1st child, \$30 each additional child

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, Mary ext 18
kbonner@saintcecilias.net, lsigl@saintcecilias.net, mzalud@saintcecilias.net

For office use only: Date paid _____ Check # _____ Amount _____ Rec'v by _____

Forms: Med Photo Release to 3rd party SET

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

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

Grade: _____ **School** _____

School year: _____ **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? ...any other reason?

Please explain:

Allergies, chronic illnesses, or other conditions? _____

Interests or Hobbies: _____

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

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

Grade: _____ **School** _____

School year: _____ **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? ...any other reason?

Please explain:

Allergies, chronic illnesses, or other conditions? _____

Interests or Hobbies: _____

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

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

Grade: _____ **School** _____

School year: _____ **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? ...any other reason?

Please explain:

Allergies, chronic illnesses, or other conditions? _____

Interests or Hobbies: _____

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

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

Grade: _____ **School** _____

School year: _____ **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? ...any other reason?

Please explain:

Allergies, chronic illnesses, or other conditions? _____

Interests or Hobbies: _____