

St. John Paul II Parish

Faith Formation Registration

Term: 2023-2024

FAMILY INFORMATION

Family Last Name: _____

Date: _____

Father's Name: _____

Father's Cell / Work: _____

Mother's Name: _____

Mother's Cell / Work: _____

Mother's Maiden: _____

Email Address: _____

Home Phone: _____

Emergency Contact: _____

Home Address: _____

Emergency Phone: _____

City, ST Postal: _____

Both Parents Catholic? Yes / No

PARENT/GUARDIAN AUTHORIZATION

My child, _____ has my permission to participate in St. John Paul II Parish Faith Formation classes and activities. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. John Paul II Parish, its officers, directors, employees and agents, and the Diocese of Norwich, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the Faith Formation program or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Norwich, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish or the Diocese of Norwich.

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. No medication of any type, whether prescription or non-prescription, will be administered to any child by any representative of St. John Paul II Parish.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & Relationship: _____

Phone: _____ Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: \$ _____ Tuition PAID: \$ _____ Signature: _____