

Family Name _____

Our Lady Of Perpetual Help Roman Catholic Church

2014-2015 Faith Development Registration Form Family Information

Please Print

Mother's Full Name _____

Father's Full Name _____

Address _____ City _____ Zip _____

Family Phone _____ Cell Phone _____

Family Email _____

Emergency Contact Name and Phone #

Youth's Name	Date of Birth	Date and place of Baptism	Grade	Allergies

**Faith Development Registration Fee: 1 child/ \$25.00
2 children/ \$40.00, 3 children / \$55.00, 4 children and
over \$70.00**

Dear Parent/ Guardian,

It is understood that your son/daughter has attended the previous year of Faith Development on a regular basis before being placed in the First Communion or Confirmation Classes.

Parent/ Guardian signature: _____

Emergency

I give permission for my youth, in case of emergency, to be taken to a physician or hospital by emergency personnel. I understand every effort will be made to contact me. If I cannot be reached. I here by give permission to the emergency personnel/physician to hospitalize and secure proper treatment for my son/daughter.

Parent/Guardian signature: _____

Occasionally during the year, we take pictures of individual youth and /or groups. Some of these may be included on our parish website or the Raleigh Diocese website. Do you give permission for us to photograph and publish your youth's image? ___Yes ___No

Parent/Guardian signature: _____

Name of student/students _____
