

SAINT FRANCES XAVIER CABRINI CHURCH



12001 69th Street East
Parrish, Florida 34219
(941) 776 9097
Fax (941) 776 1307

Faith Formation & Sacrament Preparation Registration Form

DRE E-mail: sfxcfaithformation@verizon.net ~ SFXC Website: sfxcparish.com

Student Information: **Registration Fee: Pre-K - 5th \$30** **6th - HS \$50 (Includes snack fee for youth group)**

Last Name: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone # _____ Grade in Religious Education last year: _____

DOB: ____/____/____ Name of School: _____

Baptized: Yes or No Baptism Date: ____/____/____ @ Church _____

City: _____ State: _____ Zip: _____

Has your child received the following Sacraments: First Penance: Yes or No First Communion: Yes or No
Confirmation: Yes or No

Please attach a copy of Baptism, First Communion and Confirmation certificates if not already on file in the faith Formation Office.

Parent Information: Family registered in parish? Yes or No

Father: First Name: _____ Last: _____

Phone #: _____ E-mail: _____ Religion: _____

Mother: First Name: _____ Maiden Name: _____

Phone #: _____ E-mail: _____ Religion: _____

Guardian: First Name: _____ Last: _____

Phone #: _____ E-mail: _____ Relation: _____

EMERGENCY CONTACT: _____ **Relationship:** _____

Primary Phone #: _____ **Secondary Phone #:** _____

Please Note: Children can only be dismissed to the parents/guardians unless the staff is notified ahead of time in writing.
Forms are available in the Faith Formation Office.

No child is ever turned away due to inability to pay fee. Please contact the DRE in the Faith Formation Office.

Date Paid: ____/____/____ Amount: \$ _____ Cash CK# _____ Bank: _____

MEDICAL INFORMATION: Please list all information pertaining to allergies, diet needs, special medication, physical impairments, health conditions or any information necessary in an emergency situation. Explain fully:

- Allergies: _____
- Diet Needs: _____
- Medications: _____
- Physical Impairments: _____
- Health Conditions: _____
- Other (Please Explain): _____

Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, or any other condition? Explain fully:

- Learning Disability: _____
- Physical Disability: _____
- Reading Difficulty: _____
- Hearing Impairment: _____
- Other (Please Explain): _____

If your child has any of the above conditions, you must complete the attached Medical Authorization For Minors.

Parent Signature: _____ Date: _____

PHOTO RELEASE: Authorization for release and use of student image in photo, videotape or other media.

I, the parent /legal guardian of the above mentioned minor/student, hereby grant permission to St. Frances Cabrini Church to photograph or video my child and to use a photograph/video of my child in connection with education, promotion, fund-raising activities, or for any other legitimate purpose. I grant permission for St. Frances Cabrini Church to use the image of my child in the production of brochures, slides, video tape recording, still photography, CD-Rom and any other manner of media now or later developed.

I grant permission for St. Frances Cabrini Church to reproduce, publish, exhibit, distribute, and transmit the image of my child individually or in conjunction with other images or printed matter on parish Internet website. No personal information such as name, home addresses or phone numbers will be published. Parent/Guardian signature:

Parent/Guardian Signature: _____ Date: _____

SAINT FRANCES CABRINI CHURCH

FAITH FORMATION SACRAMENTAL PREPARATION

SACRAMENTAL PREPARATION FOR RECONCILIATION AND FIRST HOLY COMMUNION:

In accordance with the Diocese of Venice:

- Baptized Catholic children must have at least one (1) year of faith formation prior to the year that the child will be receiving the Sacraments of **Reconciliation** and **First Holy Communion**.
- Canon Law states that a child is to receive **First Holy Communion** at the age of reason, which is given to be age seven (7).
- Parents are required to present a copy of the child's **Baptismal** certificate at the time of initial registration into the program.

SACRAMENTAL PREPARATION FOR CONFIRMATION:

The celebration of Confirmation normally occurs at the end of 10th grade (around the age of 16).

Enrollment of all candidates is to be based on:

- The candidate's understanding and appreciation for the Sacraments already celebrated (**Baptism, Eucharist, and Reconciliation**), as well as regular celebration of **Reconciliation** and **Eucharist**.
- The candidate must have a history of formal and continuous faith formation. A minimum of two full years, during 9th and 10th grade, is required in Youth Group/Religious Education. Those who start the process, as adults must demonstrate a commitment to their faith formation in an appropriate manner.
- Parents are required to present a copy of the child's **Baptismal** and **First Eucharist** certificates at the time of initial registration into the program, if not already on file.

PARENT/GUARDIAN COMMITMENT:

Our Faith Formation program is a partnership between parish and family. I recognize that faith formation class is not a substitute for Sunday Mass; both attendance at Mass and participation in the faith formation program are essential. I understand my child is only allotted three absences and we must attend all mandatory meetings, retreats and rehearsals. I will assure my child is punctual and attends all faith formation classes on a regular basis, and understand excessive absences could result in the postponement of a sacrament.

Name of Child: _____

Parent/Guardian Signature: _____ Date: _____



DIOCESE OF VENICE IN FLORIDA

MEDICAL AUTHORIZATION FOR MINOR

NAME OF MINOR: _____ D.O.B. _____

PARISH/SCHOOL: _____

HOME ADDRESS: _____

PARENTS/GUARDIANS: _____ / _____

PHONE #s: CELL: _____ HOME: _____

WORK: _____

EMERGENCY CONTACT: _____

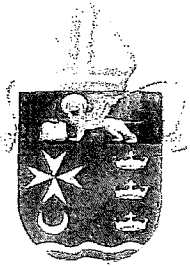
PHONE: _____

MEDICAL INFORMATION: Please list all pertinent medical information (for example, allergies, medications, physical impairments, or any other information necessary in an emergency situation). Explain fully:

In case of illness or injury of the above student, reasonable effort will be made to contact the parent(s)/legal guardian(s)/emergency contact. In case of a medical emergency, 911 will be called. In the event that the parents/legal guardian(s)/emergency contact cannot be notified or are not available, I (we) authorize parish, school, or other pertinent diocesan officials to consent to any x-ray examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a licensed physician in the State of Florida. This authorization is valid for a period of 1 year from the date of execution.

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian



DIOCESE OF VENICE IN FLORIDA

1000 Pinebrook Rd., Venice, FL 34285
(941) 484-9543

PARENT/GUARDIAN CONSENT TO RELEASE MINOR TO THIRD PARTY AND RELEASE OF LIABILITY/AGREEMENT TO INDEMNIFY

Diocesan Entity: St. Frances Cabrini Church Date of Event Faith Formation Year

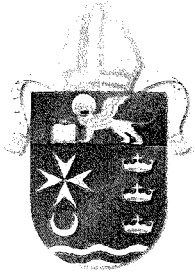
I, the undersigned parent/guardian of the minor, _____,
hereby give permission for my minor to be released to the following adult: _____
_____ (upon the provision of picture identification)
on the following date _____ at such time or under such circumstances as are
identified herein: _____

I understand that the parish/school may or may not know this third party and makes no representation regarding the individual's character, criminal history, driving record, insurance, or fitness to supervise children. Upon the release of my minor to the above identified third party, the parish/school has no further responsibility for my minor's care or well being whatsoever.

I hereby release school/parish/program, the Bishop, individually and as a corporation sole, and all agents, employees and volunteers of said parish/school/program (hereinafter collectively known as "church") from any and all liability, including that arising from the negligence of the Church that may arise from acting in accord with the terms of this Consent. I hereby agree to hold harmless and indemnify Church from any claim that may be made against it arising from this Consent.

Parent/Guardian of Minor Third Party Adult

Date Signed Date Signed



DIOCESE OF VENICE IN FLORIDA

**AUTHORIZATION FOR RELEASE AND USE OF IMAGE
IN PHOTO, VIDEO FILES OR OTHER MEDIA**

Name of Participant: _____ DOB: _____

School/Parish/Diocesan Entity: _____

I, the undersigned adult participant or parent/legal guardian of the above named minor participant hereby grant to the above named School/Parish/Diocesan Entity the following irrevocable rights:

1. To use the name, photograph, picture, portrait, voice, appearance, likeness, performance (hereinafter collectively known as "image") of the above named participant in connection with its educational, promotional, fund-raising activities, or for any other legitimate purpose;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of the above named participant individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio and television), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of the above named participant individually or in conjunction with other images or printed matter on the School/Parish/Diocesan's entity Internet web site. No personal information such as home address or phone numbers will be published;
4. The right to record, reproduce, amplify, edit, and simulate the above named participant's image and all sound effects produced; and
5. The right to copyright, in its own name, works that contain the image of above named participant; and
6. The right to assign the above-mentioned rights to third parties.

I understand that the video files, still photos, or other media incorporating the image the above named participant will become the property of the School/Parish/Diocesan Entity. I hereby waive the right to inspect or approve the image or any finished materials that incorporate said image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of the above named participant's image, and nothing herein will create any obligation on the part of School/Parish/Diocesan Entity to make use of the rights or materials set forth herein.

I hereby release and forever discharge Frank J. Dewane, as Bishop of the Diocese of Venice, his successors in office, a corporation sole, _____ Catholic School/Parish/Diocesan Entity, their agents, employees and assigns from any and all claims demand, rights, and causes of action of whatever kind that may arise from the use of above named participant's image, including all claims for libel and invasion of privacy.

I hereby certify that I am the above named participant or the parent/legal guardian of the above referenced minor, and I give my consent, without reservation, to the above agreement on behalf of myself or said minor. This agreement shall be valid for a period of four years from the date hereof, unless revoked in writing.

Parent/Guardian's Signature

Date

Address

Phone