

St. Vincent Ferrer Faith Formation Registration Form 2022-23

Family Name _____ Preferred Phone# _____ Email _____

Address _____ City/State/Zip _____

Registered at St. Vincent Ferrer Parish? Y / N Env# _____ If not St. Vincent Ferrer, which parish? _____

Father: _____ Religion _____ Contact Phone# _____
First and Last Name

Mother: _____ Maiden Name _____ Religion _____ Contact Phone# _____
First and Last Name

Emergency Contact: _____ Contact # _____ Relationship _____

Name and Address if mail should go to a non-custodial parent: Name _____ Contact# _____

Address _____ Email _____

Child's Name (include last name if different)	Gender	Birthdate	Grade in Fall	School	Baptism Date Church & City	Reconciliation Y or N	First Eucharist Date	Confirmation Date

Please specify if child/ren have any special needs (medical, learning, etc.)

Child's name	Special need
Child's name	Special need

Please check all that apply:

<input type="checkbox"/> 2 parents at home <input type="checkbox"/> Parents divorced or separated <input type="checkbox"/> Parents share joint custody <input type="checkbox"/> Sole custody to _____ <input type="checkbox"/> Mother or father deceased <input type="checkbox"/> Child/ren live with adult other than parent	<input type="checkbox"/> Step parent(s) name _____ _____ _____
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Media Consent Form

St. Vincent Ferrer Faith Formation Program engages in various correspondence and publicity with families, parishioners and other members of the community regarding various aspects of this program. Parents are given the option of authorizing the use of their children's photos with or without names for those purposes, if they so desire.

If you wish to provide authorization, please complete the information below.

St. Vincent Ferrer Church, Madison Heights

Student's Name	Grade	Date of Birth

Parents may cancel this authorization at any time by providing written notice to St. Vincent Ferrer Church at

St. Vincent Ferrer Church 28353 Herbert St. Madison Heights, MI 48071.

Video/Photography Utilization

I give permission for my child to be photographed or videotaped for educational and community relations, not-for-profit use such as newsletter articles, St. Vincent Ferrer bulletins, bulletins for parishes in our Family of parishes, community newspaper articles, website, etc.

Signatures:

By: _____ Date _____
(Signature of Parent or Guardian)

Name: _____
(Printed-Parent or Guardian)

In addition, I give permission for my child's name to accompany my child's photo or video to be published for community relations/PR purposes, church bulletins, etc.

Signatures:

By: _____ Date _____
(Signature of Parent or Guardian)

Name: _____
(Printed of Parent or Guardian)