



Section 1

Family Last Name _____
Mailing Address _____ City _____ Zip _____
Home Phone _____ Cell _____ **Frequently-Used Email** _____
Registered as parishioners of SJB? Yes No **If "No" list name of parish:** _____
****Students who belong to a parish other than SJB are welcome to attend Faith Formation at SJB with written permission from your pastor.****

Section 2

CHILD #1 Full Name _____ Date of Birth _____
Date Baptized _____ Place Baptized _____
Grade Entering in Sept _____ Last Faith Formation Level Completed _____
Student resides with: ___ Both Parents ___ Father ___ Mother ___ Alternating weekends ___ Other _____
Sacrament(s) received: ___ Baptism ___ Reconciliation ___ First Eucharist ___ Confirmation
Please List **any special information** (medical, allergies, medications, conditions, disabilities, etc.) we need to be aware of:

CHILD #2 Full Name _____ Date of Birth _____
Date Baptized _____ Place Baptized _____
Grade Entering in Sept _____ Last Faith Formation Level Completed _____
Student resides with: ___ Both Parents ___ Father ___ Mother ___ Alternating weekends ___ Other _____
Sacrament(s) received: ___ Baptism ___ Reconciliation ___ First Eucharist ___ Confirmation
Please List **any special information** (medical, allergies, medications, conditions, disabilities, etc.) we need to be aware of:

CHILD #3 Full Name _____ Date of Birth _____
Date Baptized _____ Place Baptized _____
Grade Entering in Sept _____ Last Faith Formation Level Completed _____
Student resides with: ___ Both Parents ___ Father ___ Mother ___ Alternating weekends ___ Other _____
Sacrament(s) received: ___ Baptism ___ Reconciliation ___ First Eucharist ___ Confirmation
Please List **any special information** (medical, allergies, medications, conditions, disabilities, etc.) we need to be aware of:

CHILD #4 Full Name _____ Date of Birth _____
Date Baptized _____ Place Baptized _____
Grade Entering in Sept _____ Last Faith Formation Level Completed _____
Student resides with: ___ Both Parents ___ Father ___ Mother ___ Alternating weekends ___ Other _____
Sacrament(s) received: ___ Baptism ___ Reconciliation ___ First Eucharist ___ Confirmation
Please List **any special information** (medical, allergies, medications, conditions, disabilities, etc.) we need to be aware of this child:

Section 3. Parent/Guardian Information – must have # you can be reached in the event your child becomes sick during class:

Father's Name _____ Work or Cell _____
Mother's Name _____ Work or Cell _____

Emergency Contact – If unable to contact Parents, please call:

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

For Levels 1-6 students, only the persons listed above will be permitted to pick a child up from class unless otherwise submitted in writing to the Faith Formation Office.

PARENT COMMITMENT/HANDBOOK AGREEMENT

As parents we are the primary educators of our child and we bear the primary responsibility for faith development. We will help our child to learn and understand the basic prayers and information that are sent home and will discuss and complete materials and handouts covered in class. We understand that attendance is expected at **ALL** Sunday Faith Formation classes, and that if class must be missed due to illness, emergency, or death in the family, **it is our responsibility to contact the Faith Formation Director at 570-788-1997, Option 6**, in order to collect and complete missed work. ***Sports and other extracurricular activities are not an excused absence.*** Above all we will see that our children fulfill the serious obligation of every Catholic by participating in Mass on every Sunday and Holy Days of Obligation throughout the year. **ALL** students, especially those in Levels 2 and 8, are expected to attend Stations of the Cross at least one time during Lent, as well as Mass on Holy Thursday, due to their religious significance. We have read, understand, and have had the opportunity to ask questions about all of the terms of this Agreement and confirm that the Faith Formation Student Handbook has been read and discussed with our child.

Signature _____ Date _____

The undersigned so hereby release, forever discharge and agree to hold harmless, St John Bosco Parish, Pastor, DRE, Volunteer Staff from all liability, claims, demands, lawsuits and expenses of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or participant (if participant is over 18 years of age).

Parent(s) or Legal Guardian Signature:

Signature _____ Date _____

Photography Consent

Students may be photographed throughout the year by our parish staff. These photos may be used in future parish media (bulletins, website, social media, parish bulletin boards, etc)

___ My child may be photographed for future SJB publications.

___ My child may not be photographed.

Prayer Partners Consent

Students preparing for the sacraments of First Holy Communion and Confirmation are invited to participate in our Prayer Partners program. This is an opportunity to share our sacramental candidates' names with our parish community, in order for them to pray for our candidates during their preparation for reception of the sacraments.

___ My child may participate in the Prayer Partners program.

___ My child may not participate in the Prayer Partners program.

___ My child is not receiving First Holy Communion or Confirmation this year.

Signature _____ Date _____

Section 5. Registration Fee

Sacramental year (Levels 2 and 8): \$100 PER CHILD

1st, 3rd-7th: \$50 PER CHILD if paid before July 1. After July 1, registration is \$60.

Number of Children Entering 2nd or 8th Level _____ ***x \$100*** _____

Number of Children Entering 1st, 3rd-7th _____ ***x \$50 (\$60 after July 1)*** _____

Total: _____ (not to exceed \$150)

Please return with payment to:

**Saint John Bosco Church,
P.O. Box 919
Conyngham, PA 18219**

Special Notations: