

**Queen of All Saints Parish Faith Formation
School of Religion Registration and Photo Consent Form**

Student's Name: _____ Age: _____
Date of Birth: _____ Grade/High School: _____
School Name and City: _____
Class Size/Student Teacher ratio: _____
Does your child have IEP? (We may request for a copy with your permission)
Last Completed Faith Formation Year: 20 _____ to 20 _____
How many years of faith formation or parish religious education has your child completed? _____

Extracurricular Activities:

Is your child a member of the following: QAS Altar Server _____ QAS Teen Group _____

Talents/Interests:

Additional Important Learning/Classroom Notes That We Need To Know: For example:

Indicate - My child works or learns best when

Or my child needs help with

Parent's/Legal Guardian's First and Last Name: _____

Relationship to the student: _____ Religion: _____

Phone Number: _____ Best Time To Call: _____

Address: _____

Email: _____

Preferred Way Of Communication: Email ____ Call ____ Text ____

In case of an emergency we may call you.

Parent's/Legal Guardian's First and Last Name: _____

Relationship to the student: _____ Religion: _____

Phone Number: _____ Best Time To Call: _____

Address: _____

Email: _____

Preferred Way Of Communication: Email ____ Call ____ Text ____

In case of an emergency we may call you.

Does the student live with both parents listed here? Yes _____ No _____

Important Custody Note That We Need To

Know: _____

Allergies and Other Important Health Information That We Need To Know:

Please note: You may need to submit a completed DOH Student Health Form or Doctor's Notes.
We do not have nor administer any medication nor epinephrine. In case of an emergency, we may

call 9-1-1.

Does your child have any allergies or illness or take any medication? If yes, please explain and or attach additional notes or document.

Emergency Contact Information Other Than The Parents:

First and Last Name: _____
Relationship to the student: _____
Phone Number: _____

Photo Consent Form

Please notify us if you see any suspicious activity or misuse of any names, photo or video about your child, and other parish and faith formation related materials anywhere other than what is stated with your permission below.

We may take photos and videos during parish and faith formation related events. Do you give permission for your child's name and photo, and video to be included in publicity releases about parish events in the bulletin, parish website, and local or diocesan newspaper and website, and for faith formation documentation ONLY? Yes _____ No _____

Parent's Signature: _____ Date: _____

Registration Fee: \$60 per child and \$25 for each additional child.

Amount Paid: _____ Check# _____ Cash Amount Paid: _____ Balance Due: _____
Date Paid: _____

Sibling/s First and Last Name and Faith Formation Level:

OFFICE USE ONLY

Certificates Received/On File: Baptism _____ First Communion _____ Confirmation _____

Baptismal Date: _____

Church: _____

Address: _____

First Communion Date: _____

Church: _____

Address: _____

Confirmation Date: _____

Church: _____

Address: _____