

PLEASE USE A SEPARATE REGISTRATION FOR EACH STUDENT YOU ARE REGISTERING. Thank you.

1. →

COMPLETE THIS TOP PORTION IN BOLD FACE PRINT:

This child will be in GRADE _____ for the **2010- 2011** school year at _____ Canandaigua Central
_____ Bloomfield Central _____ Home-schooled
_____ other district (specify:) _____

We wish to register for Faith Formation:

_____ Sunday FAMILIES AT EIGHT-THIRTY, Bloomfield	8:30 – 9:20 AM	grades 1-8
_____ Sunday FAMILIES AT TEN, Canandaigua	10:00 – 11:00 AM	grades 1-8
_____ Sunday FAMILIES AT FIVE, Canandaigua	5:00 – 5:50 PM	grades 1- 8
_____ Sunday GRADE LEVELS 6 - 8, Canandaigua	7:00 - 8:00 PM	grades 6-8
_____ Monday GRADE LEVELS 1- 5, Canandaigua	3:30 – 4:30 PM	grades 1-5
_____ Wednesday FAMILIES AT SEVEN, Canandaigua	7:00 - 8:00 PM	grades 1-5

2. →

PROVIDE THE FOLLOWING INFORMATION

CHILD'S FIRST NAME

FAMILY LAST NAME

CHILD'S LAST NAME (if different)

FATHER'S FIRST NAME _____ **LAST NAME** _____

MOTHER'S FIRST NAME _____ **MAIDEN NAME** _____

DATE OF BIRTH

ADDRESS

E MAIL ADDRESS (please **PRINT** clearly)

PHONE NUMBERS:

Home

Father - at work

Father – cell number

Mother - at work

Mother – cell number

If emergency

Person

Phone

And, complete side 2, please....

ANY SPECIAL NEEDS or HEALTH ISSUES?

DO YOU GIVE PERMISSION FOR YOUR CHILD TO WALK HOME INDEPENDENTLY AFTER A SESSION?

IS THERE ANYONE TO WHOM THE CHILD CANNOT BE RELEASED?

TO WHOM MAY YOUR CHILD BE RELEASED WHEN THE PROGRAM / EVENT IS OVER? (please list name, relationship to child, this person's phone number)

HEALTH INSURANCE COMPANY
POLICY NUMBER

FAMILY PHYSICIAN / CLINIC

3. →

COMPLETE THIS PORTION for 2010-2011 registration:

Throughout the year, informal pictures of children engaged in classroom activities will be taken and posted in church and on the parish website. (Children will NOT be identified by name, but simply as a "fourth grader" or "First Communion" candidate.)

I **DO give my permission** for my child's photograph to be included
 DO NOT give my permission for my child's photograph to be included

In signing this form,

- ...I certify that the above information is correct, current and complete
- ...I give permission for my child to be transported for medical or other emergency purposes
- ...I give permission for release of medical records to an attending physician in case of illness.
- ...In case of a medical emergency, I understand that every effort will be made to contact the parents or guardians.
- ...In the event that I cannot be reached, I hereby give permission to the physician to secure proper treatment for my child named on this form.

ALL FOUR LINES BELOW MUST BE SIGNED.....

Signature of parent / guardian _____

Phone Number _____ Date _____

(Person completing / updating this form) _____

Phone Number _____ Date _____ \

Fees remain the same as the last several years: \$50. per student, \$65. for two students, \$80. family maximum. Checks need to be made payable to "St. Mary Church" and can be either sent with the registration or paid at the first class. There is no fee for preparation for sacraments. Registration for sacraments done at OVERVIEW meetings.

Completed registrations can be returned to Deacon Claude by mail to 95 North Main Street. Canandaigua, 14424 or e mail clester@dor.org or hand delivery to PAC.

Blank forms, schedules and registration procedures are on parish website: stmarycanandaigua.org