

ST. CLARE CATHOLIC CHURCH
FAITH FORMATION REGISTRATION FORM

TODAY'S DATE: _____ (Please circle Yes or No for Sacraments you have celebrated)

Father/Guardian Last, First, MI	DOB	Baptism? Y or N	First Communion? Y or N	Confirmation? Y or N	Married? Y or N Catholic/Civil/Protestant Single, Divorced? Other?
Mother/Guardian Last, First, MI	DOB	Baptism? Y or N	First Communion? Y or N	Confirmation? Y or N	Married? Y or N Catholic/Civil/Protestant Single, Divorced? Other?

Father's Cell Phone#: _____ Mother's Cell Phone#: _____

Address: _____ Alternative Phone #: _____

Are you a registered Parishioner in St. Clare Catholic Church? Y _____ N _____

Emergency Contact Person: _____ Relationship: _____ Phone#: _____

Child's Last Name, First Name, MI	DOB	Grade	Attended last year? Where?	Has received Baptism?	Where?	Has received 1 st Communion?	Confirmation?

REGISTRATION FEE: 1 Child ----- \$35 Payment Plan: Y or N Amount Paid: _____ Receipt #: _____

2 or more children ---- \$55 Amount Paid: _____ Receipt#: _____

Check#: _____ Cash: _____ Rec'd by: _____

Quinceañera/Sweet 16? Y or N Date: _____ (Quinceañera Retreat required; donation to parish due two weeks prior to event). Call for more info.

MEDICAL INFORMATION AND RELEASE FORM – ST. CLARE FAITH FORMATION PROGRAM

Please list any special medical information for your child (for example: medication, special needs (physical or medical, allergies).

Child’s Name: _____ Grade: _____ Physician’s name & phone number: _____

Medication, special needs, allergies: _____

Child’s Name: _____ Grade: _____ Physician’s name & phone number: _____

Medication, special needs, allergies: _____

Child’s Name: _____ Grade: _____ Physician’s name & phone number: _____

Medication, special needs, allergies: _____

St. Clare Catholic Church is dedicated to preventing the transmission of COVID-19. We are following CDC guidelines for sanitation, social distancing and face coverings (optional). Even with these precautions, infections are still possible and may result in serious illness or even death. If you have concerns about your child’s health and/or safety or if your child/household is showing symptoms of COVID-19, please follow all CDC guidelines outlined on their website: <https://www.cdc.gov/coronavirus>.

I fully understand that students are to abide by all rules and regulations governing conduct and safety while attending faith formation classes and related religious education activities at St. Clare Catholic Church. Any violation of these rules and regulations may result in that individual being sent home. In the event of an unexpected illness or injury, we will call the parent at the number listed on this form. If no response, the emergency contact will then be notified and/or 911 for assistance immediately. *In the event of illness or injury, I do hereby consent to whatever X-ray, examination, anesthetic, medical, dental diagnosis, surgical or other treatment and hospital care are considered necessary in the best judgment of the attending physician, dentist or surgeon and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.*

By signing this form, I, as the parent, agree and release The Archdiocese of San Antonio, the Archbishop and/or their representatives, St. Clare Catholic Church, its Pastor, volunteers and/or representatives of St. Clare Catholic Church from all accidents and personal injuries, including death that my child/children may receive by participating in the Faith Formation Program, activities and/or events.

Parent’s/Guardian Signature: _____ Date: _____

Address: _____ Best Phone Number: _____