



FAMILY OF FAITH PROGRAM

REGISTRATION PACKET 2024-25

Please complete one form per child



CONTACT INFORMATION

FAMILY INFORMATION: (\$30.00 per child)

Family Last Name: _____ Are you members of our parish? ___ Yes ___ No

Best Email: _____ ** All families of F.F. must register with Parish

Street Address: _____ City: _____

State: _____ ZIP: _____ Family preferred language: _____

Language spoken at home other than English: _____.

CHILD INFORMATION:

Child Full Legal Name: _____

(As it appears on birth certificate) **FIRST** Name MIDDLE Name **LAST** Name

Name child goes by: _____ Date of Birth: _____ Age: _____

Gender: *Male* ___ or *Female* ___ School attending: _____ Grade level: _____

Catholic school: Yes ___ No ___ Attended Faith Formation classes before: Yes ___ No ___

If yes, write the last grade completed and where: _____

Does your child have special needs? Please list them: _____

Does your child have an IEP (Individualized Education Program) or receive educational accommodations?

Yes ___ No ___, if yes, please explain: _____

SACRAMENTAL INFORMATION:

Please check the appropriate space below:

___ My child needs Baptism

___ My child was Baptized at St. Joseph Catholic Church/Zephyrhills on _____ (date).

___ My child was Baptized in another Catholic Church: _____ (name).

___ My child was Baptized, not Catholic: _____ (religion of baptism).

(If your child was not baptized Catholic, please call the parish office (813) 782-2813 and ask for Blanca Pasano.)

First Communion Preparation Program (\$25.00 per child) Classes are in addition to weekly Faith Formation.

___ My child needs to prepare for First Reconciliation

___ My child needs to prepare for First Communion this year (2024-2025)

For a child to receive First Communion, he/she must have been enrolled in Faith formation last year (2023-2024) AND this year (2024-2025) or attended to a Catholic School.

LEGAL AND CUSTODY INFORMATION



Please provide the Director of Faith Formation with all court orders if applicable.

Parent/Guardian (Please provide information on parent/guardian with whom the child lives.)

1. Full Name: _____
Relationship to child (*check one*) ___ Mother ___ Father ___ Legal Guardian/Other Specify _____
Home Phone: () _____ Cell Phone: () _____
Work Phone: () _____ E-mail address: _____
Religion: _____ Occupation: _____

2. Full Name: _____
Relationship to child (*check one*) ___ Mother ___ Father ___ Legal Guardian/Other Specify _____
Home Phone: () _____ Cell Phone: () _____
Work Phone: () _____ E-mail address: _____
Religion: _____ Occupation: _____

Information for Parent/Guardian with whom the child does NOT live if applicable.

1. Full Name: _____
Relationship to child (*check one*) ___ Mother ___ Father ___ Legal Guardian/Other Specify _____
Home Phone: () _____ Cell Phone: () _____
Work Phone: () _____ E-mail address: _____
Religion: _____ Occupation: _____

2. Full Name: _____
Relationship to child (*check one*) ___ Mother ___ Father ___ Legal Guardian/Other Specify _____
Home Phone: () _____ Cell Phone: () _____
Work Phone:() _____ E-mail address: _____
Religion: _____ Occupation: _____

IN CASE OF EMERGENCY: In the event the parents or legal guardian cannot be reached, please contact:

Emergency contact Name: _____
Relation with the child: _____ Emergency phone number: _____

Does this person have permission to take the children home? Yes ___ No ___

****In case of an accident or serious illness, reasonable efforts will be made to contact the student’s parent/guardian. If necessary, 911 will be called and the student will be taken to the nearest hospital according to the decision of emergency personnel.**



St. Joseph Catholic Church
ANNUAL PARENTAL PERMISSION/RELEASE
For Communication and Photos



Method of Communication Release:

In order to keep you up-to-date with dates for meetings and/or changes in our calendar of events and with the implementation of the Safe Environment policies within the Diocese of St. Petersburg, we are going to communicate with you (the parent) through e-mail and text message. Please write the correct information:

Parent e-mail: _____ **Cell Phone :** _____

_____ Yes, I do give permission for the Parish Coordinator of Faith Formation to share the following information with members of the Catechist Team for the year 2024-2025. You have permission to share *(please check that which you allow to be shared – if an item is not checked, it will not be shared)*:

_____ name of the child _____ mailing address _____ **parent's** home and cell phone
_____ **parent's** e-mail address _____ birthday _____ **NO, do not share any information**

Publicity/Photo/Video Release:

From time to time, publicity releases for newspapers, television, website, and other media may be prepared about events occurring at the parish. These may or may not be accompanied by photos or videotape of students. The releases may be prepared by St. Joseph Catholic Parish or media representative.

Please check one: ___ **I do** ___ **I do not** → give permission for my child's name and likeness to be included in such publicity releases/photos/videos.

PARENT / GUARDIAN CONSENT:

I consent to my child being registered in St. Joseph Faith Formation Program. I understand that this program adheres to the teachings of the Roman Catholic Church.

General: I hereby request and give my permission for my child to participate in the above event. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my child. I, individually and on behalf of my child named below, do hereby release, covenant not to sue, and save harmless: The Most Rev. Gregory Parks, Bishop of the Diocese of St. Petersburg; the above parish, and all employees, agents and volunteers for the event, from any and all claims for any and all harm arising to my child as a result of their participation in this event.

Participant Name (Name of the child): _____

Parent/Custodian Name: _____

Signature: _____ Date: _____



St. Joseph Catholic Church
STUDENT PICKUP AUTHORIZATION



I, _____ parent or legal guardian of: _____
(Print Full Name) (Print your son/ daughter's Full Name)

a student in _____ grade, hereby give my consent to my youth being released from the class or any event that the Faith Formation Program will have during the year 2024-2025 to the following individuals:

1. _____ (Print Full Name) _____ (Relationship)
2. _____ (Print Full Name) _____ (Relationship)
3. _____ (Print Full Name) _____ (Relationship)

This authorization shall remain in effect for the entire catechetical year or until modified by me in writing. I have informed each of these individuals that should they need to pick up my child, that they need to be prepared to display their photo identification. Should there be any question regarding this authorization, **I may be reached at:** _____.

(Print YOUR Full Name)

Relationship with the child

(Signature)

(Date)



St. Joseph Catholic Church
ANNUAL PARENTAL MEDICAL RELEASE



(Please complete both sides of the form, and notarize the form)

IN CASE OF AN ACCIDENT OR SERIOUS ILLNESS, THE ABOVE PARISH WILL CONTACT THE PARENT/GUARDIAN LISTED BELOW. IF THE PARISH IS UNABLE TO REACH THEM, OR ANY OTHER PERSON DESIGNATED, THEN I HERBY AUTHORIZE THE CHURCH AND ITS REPRESENTATIVES TO CONTACT MY CHILD’S PHYSICIAN AND/OR MAKE ARRANGEMENTS FOR IMMEDIATE EMERGENCY TREATMENT. PAYMENT OR FEES FOR ALL MEDICAL SERVICES WILL BE THE RESPONSIBILITY OF THE PARENT/GUARDIAN. **THIS MEDICAL RELEASE IS VALID FROM AUGUST 1, 2024 UNTIL JULY 31, 2025** AND FOR ALL EVENTS THROUGHOUT THE YEAR. I UNDERSTAND THAT IT IS THE PARENT’S RESPONSIBILITY TO UPDATE THIS FORM AS NECESSARY THROUGHOUT THE YEAR.

Child’s Name: _____
Parent or Legal Guardian’s Name: _____ Phone #: _____
Emergency Contact information: _____ Phone #: _____
Family Physician’s Name: _____ Phone #: _____
Insurance Co. Name: _____ Medical Insurance: ID number: _____
Group Number: _____ Cardholder’s Name: _____

Child’s Health Information:

- * List all medications taken daily and/or regularly:
- * Child’s allergies, if any, including medication and food allergies:
- * Does your child have a chronic health condition? Yes _____ No _____, If yes, please check all that apply:

- | | | | |
|------------------------------------|---|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Orthopedic Disorder | <input type="checkbox"/> Nosebleeds |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Cardiac Problems | <input type="checkbox"/> Mental/Emotional Disorder | <input type="checkbox"/> Hearing Loss |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Asthma | <input type="checkbox"/> Concussion w/in 1 year |
- Other: Explain specific symptoms/response requirements.

* List other physical restrictions or dietary requirements (if any): _____

Date of Tetanus: _____ Other medical: _____

Other medical treatment: In the event it comes to the attention of the Church representatives, volunteers or employees, that my child has become ill with symptoms such as: headaches, vomiting, sore throat, fever, diarrhea, I will be called collect.

****In case of an accident or serious illness, reasonable efforts will be made to contact the student's parent/guardian. If necessary, 911 will be called and the student will be taken to the nearest hospital according to the decision of emergency personnel. ****

Medication information to be provided to emergency personnel if needed.

Does he/she take any medication on a regular basis? ___ Yes ___ No

If yes, please complete the following:

Name of Medication: _____

Name of Medication: _____

Name of Medication: _____

Name of Medication: _____

Name of Medication: _____

Medication cannot be administered or taken during Faith Formation sessions. If a special circumstance regarding Medications is required, contact to the Director of Faith Formation directly.

Name of Parent/Guardian AND Signature Date

STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____ 20____, who [] is personally known to me, or [] who produced the following as identification:

_____.

(SEAL)

Signature of Notary Public

Commission No.

Typed or printed name