

The Church of St. George

133 N. Brown Rd, Long Lake, MN 55356 ~ Phone (952)473-1247 ~ stgeorgeff@outlook.com

2016-2017 Faith Formation Registration

Registration Fees:

Parishioners: **on or before** September 16 - \$50 per child; \$150 maximum per family.

Non-parishioners: **on or before** September 16 - \$75 per child; \$225 maximum per family.

Late fees (all registrants): **After September 16**, add \$25 to the total registration fee; **after September 23**, add \$35.

Scholarships are available; contact the parish office for more information regarding scholarships.

Father/
Guardian _____ Cell (____)_____-_____
 First Middle Last

Mother/
Guardian _____ Cell (____)_____-_____
 First Middle Last

Mailing _____ Home (____)_____-_____
Address _____ Street City State Zip

Please provide at least one e-mail address, if possible, for weather alerts and other timely communications.

E-mail (primary) _____ E-mail (secondary) _____

Indicate Sacraments your child **has received**

List below names of all children being enrolled

First	Middle	Last (if different)	Birth date	Grade	Baptism	First Confession	First Communion	Confirmation
_____	_____	_____	____/____/____	_____				
_____	_____	_____	____/____/____	_____				
_____	_____	_____	____/____/____	_____				

Check here if you are enrolling more than 3 children; write additional information on the back of this form.

Check here if you **do not** give permission to post photos of the child(ren) listed above on the Faith Formation bulletin board in the church. Only photos taken during official events will be posted.

First Communion and Confirmation only - A copy of the **child's Baptismal record must be provided** before the child may receive the Sacrament of First Communion or Confirmation. Baptismal records are to be **turned in by November 9, 2016**. Children preparing for First Communion in May 2017 must be enrolled no later than **October 19, 2016**.

Emergency Medical Information - If a child needs emergency care, we will call 911 and attempt to notify parents immediately. There is no medical insurance provided by the Parish or Archdiocese.

In the event of a medical emergency, I hereby authorize emergency treatment be administered to my child. I understand I will be responsible for any charges. If my signature appears typed below, I am electronically signing this authorization.

Parent/Guardian Signature _____ Date ____/____/____

Please list another **contact person** with permission to make medical decisions if parents cannot be reached.

Name _____ Relationship to child _____

Cell (____)_____-____ Home (____)_____-____ Work (____)_____-____

Medical Concerns (include food/medication allergies, asthma, etc.)

First Name	Grade	Condition	Treatment	Child carries emergency meds
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____