

The Church of St. George

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

2018-2019 Faith Formation Registration

Registration Fees:

Parishioners: **on or before** September 18 - \$50 per child; \$150 maximum per family.

Non-parishioners: **on or before** September 18 - \$75 per child; \$225 maximum per family (*letter of permission required from the pastor of the church where your family is registered*).

Late fees (all registrants): **After September 18**, add \$25 to the total registration fee; **after September 25**, add \$35. Contact the parish office for more information regarding payment plans.

Father/ Guardian _____ **Cell** (_____) _____
First Middle Last

Mother/ Guardian _____ **Cell** (_____) _____
First Middle Last

Mailing Address _____ **Home** (_____) _____
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)** _____

Check which Sacraments your child has received

List below names of all children being enrolled

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

____ 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 7, 2018**. **Children preparing for First Communion in April 2019 must be enrolled no later than October 24, 2018**.

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.) Child carries

First Name **Grade** **Condition** **Treatment** **emergency meds**
