



2017-18 Faith Formation Registration – PreK thru 8th Grade

(9th-12th grade see separate C.R.E.W. registration form and fee)

Registered member of St Elizabeth Ann Seton

Registered Other Parish (Name) _____

Fee: \$125 per Family (\$150 after August 31, 2017)

(make checks payable to "SEAS" with "FF" in the memo line, or pay online at www.setonparish.org)

PARENT ONE _____ Cell# _____
(Primary Contact) Last First

Email _____ Relationship to Child _____

Home Address: Apt.# City Zip Additional Phone

Catholic _____ Other _____ Marital Status: _____

PARENT TWO _____ Cell# _____
(Secondary Contact) Last First

Email _____ Relationship to Child _____

Home Address, if different from above: City Zip Additional Phone

Catholic _____ Other _____ Marital Status: _____

PARENTAL CONSENT

I hereby authorize my child's participation in St. Elizabeth Ann Seton Faith Formation in Plano. I understand all reasonable precautions will be taken to keep my child safe during Seton Faith Formation activities. I will not hold St. Elizabeth Ann Seton Church, the Diocese of Dallas, members of their staff or their volunteers, responsible for accidental harm or injury that may occur during this activity. In case of an emergency during this time, I hereby consent to and authorize the giving of treatment and or medication ordered by a physician or adult for my child's care. On occasion, video recordings, audio recordings, photographic slides, and photographs are taken of participants of church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, and other printed media. I consent to the use of such materials in which my child may appear. I release the staff and volunteers of the above named entities from any liability connected with the use of my picture or audio/video recording as part of any of the above or similar activities.

Print: Parent Name _____ Parent Signature _____ Date _____

Additional Emergency Contact for Student - (Other Than Parent)

Name _____ Relationship _____

Contact Phone # _____ Cell# _____

MINISTRY OPPORTUNITIES for PARENT

Please enter your name on the line below to indicate your interest in helping our children learn more about their faith. Volunteers must meet the requirements of the Diocesan Safe Environment Program. *Only children of volunteer Small Group Co-Leaders, Catechists or Nursery Aides receive priority placement for session times.*

Name 1: _____	Contact Phone: _____
Name 2: _____	Contact Phone: _____
<input type="checkbox"/> Small Group Co-Leader/Catechist <input type="checkbox"/> Nursery Aide <input type="checkbox"/> With my child <input type="checkbox"/> Without my child <input type="checkbox"/> Office Aide <input type="checkbox"/> Resource Aide	Preferred: Grade: _____ Day: _____ Time: _____

Session Day/Time Choices - PreK-8th grade

Sunday 8:30- 9:30 a.m. (pre-school 3 yrs. old – 5th grade)

Sunday 10:15-11:15 a.m. (pre-school 3 yrs. old – 5th grade)

Sunday 6:15-7:45 p.m. (6th-8th grade)

Wednesday 4:30- 5:30 p.m. (pre-school 3 yrs. old – 8th grade)

Wednesday 6:00-7:00 p.m. (preschool 3 yrs. old - 8th grade)

[C.R.E.W. for 9th-12th graders meets Sunday 6:15-7:45 p.m.

Please see the separate registration form and fee]

Student Information

Last Name First Name Middle Name Date of Birth Sex: M/F

Grade-Fall of 2017 _____ School _____ Friend Request (One) – Name _____

Check correct box: Baptized Catholic Not Baptized Baptized Other Faith tradition _____

Check if received: Eucharist (1st Communion) Confirmation

Previous Faith Formation: None Catholic School Parish Program

Last Grade Level & Year Faith Formation was attended: _____

Day/Time: 1st Choice _____ 2nd Choice _____ Home Study Option (3rd-6th Grd only) _____

Does this child have any medical conditions, physical disabilities or learning differences? Please disclose: _____

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