Holy Family Parish –Registration, Medical and Permission Form

Please fill out one form per child-more forms are available at the parish office or online at: www.holyfamilysyr.org

Holy Family Faith Formation -127 Chapel Dr. Syracuse, NY 13219– (315) 488-5884

Year 2016/17 Session Fall/Spring Day (circle one) Sunday (K,1,3,4,5,6,9,10) Monday (K-8) Grade_____ (entering in the fall)

_____ _____ _____ Male/Female

Last Name *First Name* *Middle Name*

_____ _____ _____ _____

Address *City* *State* *Zip Code*

*Phone Number – Home*_____ *Date of Birth*_____ *Date Baptized*_____ *Parish Baptized*_____

Are you a Holy Family Parishioner? Yes_____ No_____

**** (Please submit a copy of your child's Baptismal and 1st Comm. Certificate)*** *Date of 1st Communion*_____ *Parish of 1st Communion*_____

Parent/Guardian Information

_____ _____ _____ _____

1 – Mother's Name *Maiden Name* *Cell Phone* *Email*

_____ _____ _____

2 – Father's Name *Cell Phone* *Email*

Alternative Emergency Contact (NOT a parent)

_____ _____ _____

Emergency Contact Name *Phone Number* *Relationship*

Allergies (Include food allergies)

Health Insurance Policy Holders Name: _____

_____ _____

Insurance Company Name *Policy Number*

Medical History/Special Needs

Medications

Medication Name *Dosage* *Frequency of Dosage*

_____ _____ _____

Sacramental Needs during the 2016-17 school year (Please Check)

Baptism-	1st Eucharist-	1st Reconciliation-	Confirmation-

I give permission for my child to participate in the 2016/17 activities, events and retreats sponsored by Holy Family Parish, Faith Formation, Edge and/or Life Teen. I understand and agree that I will be responsible for any costs, fees or other expenses related to my child, including but not limited to any damage done to other's property, return costs to home due to expulsion from any activities, events and retreats and/or medical costs. I understand that while participating in these activities, events and retreats, my child must follow the instructions and directions provided by adult personnel and that he/she must abide by the code of conduct policies. I understand that my child's failure to follow instructions, directions and/or the Code of Conduct may result in his/her immediate expulsion from the activity, event, retreat, Faith Formation, Edge and/or Life Teen. Photos and videos will be taken throughout the 2016/17 activities, events and retreats. Should you not want your child photographed or recorded, you must notify Holy Family Parish in writing at 127 Chapel Drive, Syracuse, NY, 13219.

I hereby give permission for any and all medical attention to be administered to my child in the event of accident, injury, sickness, etcetera, under the direction of the director and/or coordinators, until such time as I may be contacted.

I hereby certify that I am voluntarily signing this permission and medical release form; I intend to be legally bound by the terms of this document and fully understand its significance.

In Class Fee

Grade K-1, 3-8 1- child $50 / 2- children $90
3 or more $120

1st Communion $75 per child
(books, retreats and special programming included)

Confirmation 1&2 $75 per child/per year
(books, retreats and special programming included)

_____

Print Parent/Guardian's Name

_____ DATE_____

Parent/Guardian's Signature

Office Use Only

PAID	*CHECK#*	*INITIALS*