

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 2017/18 Session Fall/Spring Day (circle one) Sunday (K–6), (9–10)
 Grade_____

Monday (K–8)

(entering in the fall)

Male/Female _____
 Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip Code _____
 Phone # (Home) _____ Student Cell Phone # _____ Student Date of Birth _____

Name of school entering in 2017/18 _____

Are you a Holy Family Parishioner? Yes _____ No _____

Parent/Guardian Information

1 - Mother's Name _____ Maiden Name Cell Phone _____ Email _____

2 - Father's Name _____ Cell Phone _____ Email _____

Marital Status Married _____ Divorced _____ Single _____

Child lives with: Mother _____ Father _____ Both _____ Other _____

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

Medications

Medication Name _____ Dosage _____ Frequency of _____
 Dosage _____

Special Needs

Does your child have an I.E.P at school? Yes _____ No _____ If Yes– please explain _____

Special Needs _____

Has your child received the following?

Baptism Y or N What church? City and State Date-	First Reconciliation Y or N What church? City and State Date-	First Eucharist Y or N What church? City and State Date-
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Official Use

Paid	Check	Initial
	#	

Over →

I give permission for my child to participate in the 2017/18 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 2017/18 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. In consideration of my child being allowed to participate in this event, I covenant not to sue or bring any cause of action against Church of the Holy Family, the Catholic Youth Organization, the Diocese of Syracuse, any and all affiliated organizations, their employees, agents and representatives, including volunteers, from any claims, demands or causes of action of whatever kind and nature arising from or relating to my child's participation in this event.

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.

Print Parent/Guardian's Name _____

Parent /Guardian Signature _____

<p>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)</p>
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