

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 2020/21 Session Fall/Spring Grade _____
(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 2020/21 _____

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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PLEASE PROVIDE A COPY OF YOUR CHILD'S SACRAMENTAL CERTIFICATES IF YOUR CHILD IS IN GRADE 2 OR CONFIRMATION

I give permission for my child to participate in the 2020/21 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 2020/21 year activities, events and retreats and posted on social media. 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.

Print Parent/Guardian's Name _____

Parent /Guardian Signature _____