



Blessed Sacrament Catholic Church

7001 12th Avenue South,

Tampa, FL 33619

Phone (813) 626-2984 Fax (813) 626-2842

www.BlessedSacramentCatholic.org



REGISTRATION FORM

School Grade: _____

Religious Ed. Grade: _____

Student's Name: _____ Gender F() M()

LAST

FIRST

M.

Date of Birth: _____ Age: _____ Place of Birth: _____

Shirt Sizes _____ Pants Sizes _____ Shoes Sizes _____

Home Address: _____

Mother's Cell: _____ Father's Cell: _____

Email Address: Mother: _____ Father: _____

Parents are () Married (Church or Civil) () Divorced () Separated () Single

Child lives with () Mom () Dad () Both

Father's Name: _____ Catholic? Yes () No ()

Occupation: _____ Where: _____

Mother's Name: _____ Catholic? Yes () No ()

Occupation: _____ Where: _____

Emergency Contact: _____ Phone _____ Relationship: _____

SACRAMENTS DATE RECEIVED

Name of Church/Address

Baptism: _____

First Communion: _____

Confirmation: _____

Original copy of Sacrament certificates needs to be presented

Previous Religious Education: No () Yes _____

Name of Church/Address _____

Schedules: () English 8:30–9:45 am; () Spanish 10:30–11:45 am

Registered in our Parish? No () Yes (Envelope # _____)

Registration Fee: \$80.00 regular class; Sacramental Preparation: \$110.00

MEDICAL RELEASE AND PARENT ACKNOWLEDGEMENT

STUDENT'S NAME: _____

MEDICAL INFORMATION (ALLERGIES?): _____

DOCTOR'S NAME/PHONE #: _____

EMERGENCY CONTACT:

NAME/RELATIONSHIP: _____ CELL #: _____

In the event of an emergency where the parent cannot be reached, the child will be taken to the nearest medical facility. I (We) authorize any representative of Blessed Sacrament Catholic Church to seek medical treatment for my child.

PARENT/GUARDIAN SIGNATURE: _____

PRINTED PARENT NAME: _____ DATE: _____

PERMISSION FOR PHOTO/DVD

From time to time, publicity releases for parish bulletin, website, newspapers television and other media may be prepared about events occurring at the parish. These may or may not be accompanied by photos or videotape of students. The releases may be prepared by Blessed Sacrament Church or a media representative.

I do ____ do not ____ give permission for my child/children to be included in such publicity releases.

PARENT/GUARDIAN SIGNATURE: _____

PRINTED PARENT NAME: _____ DATE: _____

This consent is renewed at the beginning of each Religious Education/Faith Formation year.

This consent may be revoked in writing.

BLESSED SACRAMENT CATHOLIC CHURCH
Parent/Student Parish Faith Formation Policy Acknowledgement Form
ACKNOWLEDGEMENT

I acknowledge that I have received, read, understand and my child/children agree to abide by the Policies contained in the Parent/Student Faith Formation Handbook including the local Parish program policies and Procedures, the Harassment Policy in Non-Employment Situations and the Safe-Environment Policies of the Diocese of St. Petersburg.

Please check all that apply and sign/print/date as appropriate in the spaces provided.

____ My Child/Children and I will attend the Parent/Student Safe Environment Education program sessions as scheduled—Student sessions within the regular program class time—Parent sessions as indicated on the Faith Formation/Parish Calendar

____ I cannot attend the Parent Safe Environment Education Program, but I wish to receive all additional (beyond handbook policies) materials related to the Safe Environment Parent/Student Education Program

____ I do not wish to receive the materials (beyond handbook policies) related to the Safe Environment Parent/Student Education Program

(Signature) Parent/Guardian

(Name Printed) Parent/Guardian

Student Name(s) Printed

Signature(s) Student(s)

Date

Blessed Sacrament Church
Name of Parish