

**SAINT PATRICK  
FAITH FORMATION**  
1420 OAK HILL AVENUE  
YOUNGSTOWN, OH 44507  
(330) 743-1109

**FAMILY REGISTRATION FORM  
2022-2023**  
*(Please complete all parts and sign where indicated)*

**Family Fee:** \$40.00 \_\_\_\_\_  
Fee is due before October 1, if possible.  
Please contact the rectory if you need assistance.

Family Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Parish \_\_\_\_\_

**Parent/Guardian Information**

**Please indicate your preferred method of receiving updates and reminders:** (CIRCLE for each parent)

<b>Father/Guardian 1</b>	TEXT	EMAIL	PHONE CALL
<b>Mother/Guardian 2</b>	TEXT	EMAIL	PHONE CALL

**Father:** \_\_\_\_\_ Sep/Divorced: \_\_\_\_\_ Deceased: \_\_\_\_\_ Religion: \_\_\_\_\_  
**Guardian #1**

Address if different from student: \_\_\_\_\_

Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Mother:** \_\_\_\_\_ Maiden: \_\_\_\_\_ Last: \_\_\_\_\_  
**Guardian #2**

Sep/Divorced: \_\_\_\_\_ Deceased: \_\_\_\_\_ Religion: \_\_\_\_\_

Address if different from student: \_\_\_\_\_

Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Custody: Step/Foster Parent information:** \_\_\_\_\_

**CUSTODY INFORMATION:** Please note any pertinent custody information/restrictions including transportation/parish communications. **Please attach copies of any necessary court documents.**

**In case of an emergency, the following procedure will be followed:**

- (1) Parent(s) will be notified.
- (2) Emergency medical treatment will be administered according to consent. (see page 2)
- (3) If necessary, 911 will be notified, according to consent.
- (4) If Parent(s) cannot be reached the following Emergency Contact Person will be notified:

Emergency Contact Name: \_\_\_\_\_

Relationship to Family: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

*Please read and sign the Authorization to Act **OR** the Refusal to Consent  
AND the Photograph/Video Release*

***Authorization to Act and Disclaimer***

In case of accident or illness the adults (Staff member or Catechist) in charge have my permission to secure medical treatment for my child if I or my emergency contact cannot be reached. I for myself and for my child, my respective heirs and my respective legal representatives, so hereby indemnify hold harmless any representatives of the Diocese of Youngstown and supervising adults from the parish from any and all claims, demands and causes of action of whatever kind and nature for their actions taken pursuant to this authority. I agree that in the case of injury or illness to my child, I will apply my hospitalization and or accident insurance toward the payment of the expenses incurred.

I hereby release and save harmless the Diocese of Youngstown, Saint Patrick's Church, their agents, successors, legal representatives and any and all of its employees and volunteers from any and all liability for any and all harm arising to my/our child as a result of their participation in any of the events of the Faith Formation Program.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

***Refusal to Consent***

\_\_\_\_\_ I hereby warrant that to the best of my knowledge, my son/daughter is in good health. **I do not want any medical treatment to be given to my son/daughter under any circumstances.** I hereby assume all responsibility for the health and well being of my son/daughter and release from responsibility the Bishop of the Diocese of Youngstown, and St. Patrick Parish and the agents, associates, and employees of the Bishop and parish who have organized or participated in the supervision of such program.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

***Photograph/Video Release***

I understand that information on the program (including participant's names) will periodically be included in parish publications, such as the bulletin, which is available through our website. I also understand that any **photographs or video** taken during the program may be used in parish/diocesan publications or at related events.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

***Refusal to Consent***

\_\_\_\_\_ **I DO NOT** give permission for my child's image to be used in any publication or video for the parish or any parish programs.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

Child #1 Name \_\_\_\_\_ Family Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: (circle) M F

Church & date of Baptism \_\_\_\_\_ First Communion Date \_\_\_\_\_

School \_\_\_\_\_ Grade Level \_\_\_\_\_

Does your child have food/animal/environmental allergies: \_\_\_\_\_ NO \_\_\_\_\_ YES, allergic to and reaction: \_\_\_\_\_

\_\_\_\_\_  
Please name and list any pertinent medical or developmental information about your child that might be of assistance to the Director of Faith Formation, catechists and/or emergency and/or medical personnel, either in the classroom or in the event of an emergency. *This information will be kept confidential with the St. Patrick's Staff and only shared with the above mentioned individuals if needed.*

Please list information including but not limited to: other allergies, dietary restrictions, medical conditions, daily medications or inhalers, physical, emotional, or developmental conditions, impairments, limitations and/or disabilities.

**Medical Condition:**

\_\_\_\_\_  
\_\_\_\_\_

If your child requires an inhaler, epi pen, etc. during programs, does the child know how to administer? Please advise:

\_\_\_\_\_

***No child should bring medications to Faith Formation Classes or Events unless prior authorization with the Director of Faith Formation has been arranged.***

Child #2 Name \_\_\_\_\_ Family Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: (circle) M F

Church & date of Baptism \_\_\_\_\_ First Communion Date \_\_\_\_\_

School \_\_\_\_\_ Grade Level \_\_\_\_\_

Does your child have food/animal/environmental allergies: \_\_\_\_\_ NO \_\_\_\_\_ YES, allergic to and reaction: \_\_\_\_\_

\_\_\_\_\_  
Please name and list any pertinent medical or developmental information about your child that might be of assistance to the Director of Faith Formation, catechists and/or emergency and/or medical personnel, either in the classroom or in the event of an emergency. *This information will be kept confidential with the St. Patrick's Staff and only shared with the above mentioned individuals if needed.*

Please list information including but not limited to: other allergies, dietary restrictions, medical conditions, daily medications or inhalers, physical, emotional, or developmental conditions, impairments, limitations and/or disabilities.

**Medical Condition:**

\_\_\_\_\_  
\_\_\_\_\_

If your child requires an inhaler, epi pen, etc. during programs, does the child know how to administer? Please advise:

\_\_\_\_\_

***No child should bring medications to Faith Formation Classes or Events unless prior authorization with the Director of Faith Formation has been arranged.***

Child #3 Name \_\_\_\_\_ Family Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: (circle) M F

Church & date of Baptism \_\_\_\_\_ First Communion Date \_\_\_\_\_

School \_\_\_\_\_ Grade Level \_\_\_\_\_

Does your child have food/animal/environmental allergies: \_\_\_\_\_ NO \_\_\_\_\_ YES, allergic to and reaction: \_\_\_\_\_

Please name and list any pertinent medical or developmental information about your child that might be of assistance to the Director of Faith Formation, catechists and/or emergency and/or medical personnel, either in the classroom or in the event of an emergency. *This information will be kept confidential with the St. Patrick's Staff and only shared with the above mentioned individuals if needed.*

Please list information including but not limited to: other allergies, dietary restrictions, medical conditions, daily medications or inhalers, physical, emotional, or developmental conditions, impairments, limitations and/or disabilities.

**Medical Condition:**

\_\_\_\_\_  
\_\_\_\_\_

If your child requires an inhaler, epi pen, etc. during programs, does the child know how to administer? Please advise:

\_\_\_\_\_

***No child should bring medications to Faith Formation Classes or Events unless prior authorization with the Director of Faith Formation has been arranged.***

Child #4 Name \_\_\_\_\_ Family Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: (circle) M F

Church & date of Baptism \_\_\_\_\_ First Communion Date \_\_\_\_\_

School \_\_\_\_\_ Grade Level \_\_\_\_\_

Does your child have food/animal/environmental allergies: \_\_\_\_\_ NO \_\_\_\_\_ YES, allergic to and reaction: \_\_\_\_\_

Please name and list any pertinent medical or developmental information about your child that might be of assistance to the Director of Faith Formation, catechists and/or emergency and/or medical personnel, either in the classroom or in the event of an emergency. *This information will be kept confidential with the St. Patrick's Staff and only shared with the above mentioned individuals if needed.*

Please list information including but not limited to: other allergies, dietary restrictions, medical conditions, daily medications or inhalers, physical, emotional, or developmental conditions, impairments, limitations and/or disabilities.

**Medical Condition:**

\_\_\_\_\_  
\_\_\_\_\_

If your child requires an inhaler, epi pen, etc. during programs, does the child know how to administer? Please advise:

\_\_\_\_\_

***No child should bring medications to Faith Formation Classes or Events unless prior authorization with the Director of Faith Formation has been arranged.***