



St. Mary Magdalene Catholic Church  
Phone (864)288-4884, ext. 205, 215 & 273 (Español)

**2019 - 2020 Christian Formation  
Registration Form**

*For Office Use ONLY!*

*Date submitted:* \_\_\_\_\_ *Initial:* \_\_\_\_\_

*Date Paid:* \_\_\_\_\_ *Amount Paid:* \_\_\_\_\_

*Entered in FO:* \_\_\_\_\_

**Please Print Clearly**

**Family ID#** \_\_\_\_\_  
(Your parish envelope number)

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

**Email** \_\_\_\_\_

**Email** \_\_\_\_\_

Complete Street Address:

\_\_\_\_\_

Street Address	City	Zip
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Students live with (circle one): Both Parents Mom Dad Other \_\_\_\_\_

\_\_\_\_\_

CHILD'S <b>FULL</b> NAME	Date of Birth	Grade in 2019-20	Male or Female
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Allergies, Medical Conditions or Limitations: \_\_\_\_\_

Did this child attend Christian Formation Classes in 2018-19? NO YES If yes, where? \_\_\_\_\_

**Please check ALL of the following Sacraments your child **HAS ALREADY** received:**

Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ Eucharist \_\_\_\_\_ Confirmation \_\_\_\_\_

**CLASS TIME PREFERENCES:** 1<sup>st</sup> Choice: Day \_\_\_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> Choice: Day \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_

CHILD'S <b>FULL</b> NAME	Date of Birth	Grade in 2019-20	Male or Female
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**CLASS TIME PREFERENCES:** 1<sup>st</sup> Choice: Day \_\_\_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> Choice: Day \_\_\_\_\_ Time \_\_\_\_\_

CHILD'S **FULL** NAME \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade in 2019-20 \_\_\_\_\_

Male or Female \_\_\_\_\_

Allergies, Medical Conditions or Limitations: \_\_\_\_\_

Did this child attend Christian Formation Classes in 2018-19? NO YES If yes, where? \_\_\_\_\_

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Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ Eucharist \_\_\_\_\_ Confirmation \_\_\_\_\_

**CLASS TIME PREFERENCES:** 1<sup>st</sup> Choice: Day \_\_\_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> Choice: Day \_\_\_\_\_ Time \_\_\_\_\_

CHILD'S **FULL** NAME \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade in 2019-20 \_\_\_\_\_

Male or Female \_\_\_\_\_

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**CLASS TIME PREFERENCES:** 1<sup>st</sup> Choice: Day \_\_\_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> Choice: Day \_\_\_\_\_ Time \_\_\_\_\_

CHILD'S **FULL** NAME \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade in 2019-20 \_\_\_\_\_

Male or Female \_\_\_\_\_

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**CLASS TIME PREFERENCES:** 1<sup>st</sup> Choice: Day \_\_\_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> Choice: Day \_\_\_\_\_ Time \_\_\_\_\_

**MEDICAL CONSENT & PERMISSION TO TREAT A MINOR**

To the best of my knowledge, my child(ren), \_\_\_\_\_ is(are) in good health, and I assume all responsibility for the health of my child(ren).

In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor. If you are unable to reach me, please contact the person listed below.

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship to my son/daughter: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

I give permission to medical personnel to share information with the **Saint Mary Magdalene Catholic Church** DRE in the event of an injury or illness.

**PRINT** Parent/Guardian's Name: \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

My son/daughter is under the care of a **psychiatrist/psychologist**.

Name of Doctor:

\_\_\_\_\_

Please explain:

\_\_\_\_\_

My son/daughter's immunizations are current and up to date.     \_\_\_\_\_ Yes     \_\_\_\_\_ No

**Photograph/Press Release:** I realize that photographs, videos, written extractions, and voice recordings of program participants may be taken during various activities for the purpose of illustrations, publications, and website.

\_\_\_\_\_ I hereby authorize and give full consent to **Saint Mary Magdalene Catholic Church** to publish and copyright all photographs, videos, written extractions and voice recordings in which my child appears while participating in **Christian Formation**.

\_\_\_\_\_ I **do not consent** to the photographs, videos, written extractions, and voice recordings release.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Christian Formation is moving to a new communication tool to help us better connect with our families. We are excited about **Flocknote** because it has the ability to send short text messages and e-mails.

Please update your profile with your cell phone number and an active e-mail address below. **Please PRINT CLEARLY.** Thank you!

I would you like to be kept well informed with **Flocknote**:      **YES**      **NO**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

*You may list more than one number or email.*

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_