

FAITH FORMATION REGISTRATION 2026-27 GRADES 1-8

REGISTERED IN PARISH?

IF N, WHICH PARISH ARE YOU REGISTERED?

ADDRESS:

**IF YOU ARE NOT REGISTERED AT A PARISH YOU WILL NEED A LETTER IN ORDER TO ATTEND OUR PSR*

STUDENTS LAST NAME:

FIRST NAME:

MIDDLE NAME:

CITY OF BIRTH:

BIRTHDATE:

FATHER'S NAME:

RELIGION:

MOTHER'S NAME:

RELIGION:

HOME ADDRESS:

TELEPHONE:

EMAIL ADDRESS:

IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED, PLEASE LIST 2 PEOPLE
NAME:

PHONE:

NAME:

PHONE:

PARENTS CURRENT MARITAL STATUS:

CHILD LIVES WITH:

WHO HAS CUSTODY OF THIS CHILD:

CORRESPONDENCE SHOULD BE MAILED TO:

PLEASE LIST ALL CATHOLIC SCHOOLS OR OTHER PARISH RELIGION PROGRAMS THIS CHILD HAS ATTENDED:

NAME OF SCHOOL CURRENTLY ATTENDING:

GRADE:

DOES YOUR CHILD HAS ANY PHYSICAL, MENTAL, EMOTIONAL, BEHAVIORAL OR LEARNING DISABILITIES?

IF YES, PLEASE EXPLAIN:

SACRAMENTS	DATE	CHURCH	CITY OF CHURCH
BAPTISM			
FIRST RECONCILIATION			
FIRST COMMUNION			
CONFIRMATION			

ARE THERE ANY OTHER CONCERNS OR ITEMS THAT WOULD BE HELPFUL FOR THE TEACHER

TO KNOW? IS CHILD CURRENTLY TAKING ANY PRESCRIBED MEDICATION Y OR N

IF YES, PLEASE LIST:

COST (COVERS BOOKS MATERIALS AND SUPPLIES FOR THE YEAR)

\$60 FOR FAMILY FAITH FORMATION (GRADES 1, 3, 4, 5, 6, 7) # OF CHILDREN AT \$60 X = TOTAL

\$75 FOR SACRAMENT PREP (GRADES 2 & 8) # OF CHILDREN AT \$75 X = TOTAL TOTAL ENCLOSED \$

FAITH FORMATION (1ST-8TH) WILL BE ONCE A MONTH ON MONDAYS.
2ND & 8TH GRADERS WILL MEET FOR AN ADDITIONAL DAY EACH MONTH.

*PLEASE NOTE THAT NO CHILD WILL BE TURNED AWAY BECAUSE OF FINANCIAL DIFFICULTY.

PLEASE MAKE CHECKS PAYABLE TO ST. ADALBERT PARISH

YOU MAY ALSO PAY ONLINE — VISIT [HTTPS://OSVHUB.COM/SAINTADALBERTPARISH/GIVING/FUNDS](https://osvhub.com/saintadalbertparish/giving/funds)

PLEASE RETURN FORM TO:

ST. ADALBERT RELIGIOUS EDUCATION OFFICE

66 ADALBERT ST BEREA, OH 44017

QUESTIONS: CONTACT JODI FORST AT 440-234-6830 OR FAMILYFAITHFORMATION@SAINTADALBERTPARISH.ORG

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EMERGENCY MEDICAL AUTHORIZATION

STUDENT NAME

ADDRESS

NUMBER

NAME _____
Last _____
First _____

PURPOSE: TO ENABLE PARENTS AND GUARDIANS TO AUTHORIZE THE PROVISION OF EMERGENCY TREATMENT FOR CHILDREN WHO BECOME ILL OR INJURED WHILE UNDER SCHOOL AUTHORITY, WHEN PARENTS OR GUARDIANS CANNOT BE REACHED.

PART I OR IL MUST BE COMPLETED

PART I TO GRANT CONSENT

IN THE EVENT REASONABLE ATTEMPTS TO CONTACT ME AT: _____ OR AT _____ HAVE BEEN UNSUCCESSFUL, I HEREBY GIVE MY CONSENT OR: (1) THE ADMINISTRATION OF ANY TREATMENT DEEMED NECESSARY BY DR. _____ OR DR. _____ OR, IN THE EVENT THE DESIGNATED PREFERRED PRACTITIONER IS NOT AVAILABLE, BY ANOTHER LICENSED PHYSICIAN OR DENTIST; AND (2) THE TRANSFER OF THE CHILD TO _____ (PREFERRED HOSPITAL) OR ANY HOSPITAL REASONABLY ACCESSIBLE. THIS AUTHORIZATION DOES NOT COVER MAJOR SURGERY UNLESS THE MEDICAL OPINIONS OF TWO OTHER LICENSED PHYSICIANS OR DENTISTS, CONCURRING IN THE NECESSITY FOR SUCH SURGERY, ARE OBTAINED PRIOR TO THE PERFORMANCE OF SUCH SURGERY. FACTS CONCERNING THE CHILD'S MEDICAL HISTORY INCLUDING ALLERGIES, MEDICATIONS BEING TAKEN, AND ANY PHYSICAL IMPAIRMENTS TO WHICH A PHYSICIAN SHOULD BE ALERTED:

SIGNATURE OF PARENT OR GUARDIAN

ADDRESS

BIRTHDATE _____

DO NOT COMPLETE PART IL IF YOU COMPLETED

PART I PART IL REFUSAL TO CONSENT

I DO NOT GIVE MY CONSENT FOR EMERGENCY MEDICAL TREATMENT OF MY CHILD, IN THE EVENT OF ILLNESS OR INJURY REQUIRING EMERGENCY TREATMENT, I WISH THE PARISH AUTHORITIES TO TAKE NO ACTION OR TO:

DATE

SIGNATURE OF PARENT OR GUARDIAN

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St Adalbert Faith Formation Program

Media Consent and Release Form

I (WE) THE PARENT(S) AND/OR GUARDIAN(S) OF THE MINOR CHILD IDENTIFIED BELOW HEREBY GRANT ST. ADALBERT PARISH ("PARISH") AND/OR ITS AGENTS CONSENT TO RECORD (IN WRITING OR OTHERWISE), PHOTOGRAPH, AUDIOTAPE, OR VIDEOTAPE MY MINOR CHILD'S NAME, IMAGE, LIKENESS, SPOKEN WORDS, SCHOOLWORK OR SCHOOL PROJECTS, IN ANY FORM, AND TO DISPLAY, RELEASE, EXHIBIT, PUBLISH, OR DISTRIBUTE THE SAME, OR ANY PART THEREOF, FOR ANY LAWFUL SCHOOL OR PARISH USE OR PURPOSE INCLUDING, WITHOUT LIMITATION, USE ON THE PARISH'S BULLETIN BOARDS, WEBSITES, SOCIAL MEDIA SITES, PRINT AND ELECTRONIC MEDIA, MARKETING PUBLICATIONS, PUBLIC RELATIONS AND COMMUNICATIONS MATERIALS AND/OR PRESENTATIONS, AND ANY OTHER USES AS MAY NOT BE CONTEMPLATED HEREIN, WITHOUT FURTHER NOTICE OR COMPENSATION AS FOLLOWS:

I CONSENT.

I DO NOT CONSENT.

I FURTHER UNDERSTAND THAT BY ENTERING INTO THIS INFORMED CONSENT AND RELEASE, AND BY GRANTING PERMISSION AS STATED HEREIN, I HEREBY RELEASE THE PARISH, THE DIOCESE OF CLEVELAND, THE BISHOP OF CLEVELAND, AND THEIR RESPECTIVE OFFICERS, DIRECTORS, AGENTS, EMPLOYEES AND/OR ATTORNEYS FROM AND AGAINST ANY AND ALL LIABILITY, LOSS, DAMAGE, COSTS, CLAIMS, AND/OR CAUSES OF ACTION ARISING OUT OF OR RELATED TO THE ABOVE ITEMS TO WHICH I HAVE CONSENTED.

I FURTHER UNDERSTAND THAT THE PARISH AND ITS RESPECTIVE OFFICERS, DIRECTORS, AGENTS, EMPLOYEES AND/OR ATTORNEYS HAVE NO CONTROL OVER USE OF PHOTOGRAPHS, VIDEOTAPES, AUDIOTAPES, OR OTHER RECORDS MADE BY OTHERS AND/OR OUTSIDE THE SCOPE OF THIS CONSENT AND RELEASE.

FINALLY, IN SIGNING BELOW I ACKNOWLEDGE THAT ALL RECORDINGS, AUDIOTAPE, VIDEOTAPE, PHOTOGRAPHIC PROOFS, PHOTOGRAPHIC NEGATIVES, POSITIVES, AND PRINTS CREATED PURSUANT TO THIS RELEASE SHALL CONSTITUTE THE SOLE PROPERTY OF THE PARISH.

NAME OF MINOR CHILD (PLEASE PRINT)

SIGNATURE OF PARENT(S) OR LEGAL GUARDIAN(S)

NAME OF MINOR CHILD (PLEASE PRINT)

PRINTED NAME OF PARENT OR LEGAL GUARDIAN

NAME OF MINOR CHILD (PLEASE PRINT)

DATE

NAME OF MINOR CHILD (PLEASE PRINT)

ADDRESS

CITY, STATE & ZIP