

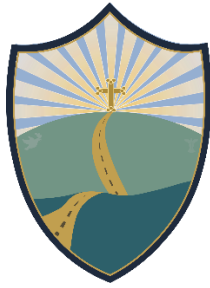
Faith Journey Candidate Registration Form

Name of the Student: _____

Date of Birth: _____

I/ We, hereby declare that the choice to send my son/ daughter to the Faith Journey is made by me/ us willingly and consciously and was not forced by anyone.

- I/ We understand that, by participating in the Catechetical program, my/ our child, and I/ we (the parent(s)) are expected to follow the Program procedures and conduct, reflective of Catholic values.
- I/ We, hereby acknowledge that catechism classes, seminars and activities may be delivered in-person or through virtual platforms.
- I/ We hereby acknowledge that authorized personnel from the program will use the online and virtual platforms to communicate with my child and me/ us.
- I/ We acknowledge that the choice to participate in some programs brings with the individual the ASSUMPTION OF RISK and that it is my right to obtain as much information as I require, about any program or activity organized by the Program and the associated risks and hazards, including information beyond that is provided to me by the Program.
- I/ We acknowledge that it is my responsibility to advise the designated class teacher, of any medical and/ or health concerns of my child that may affect his/ her participation in the stated program or activity.
- I/ We understand that, in case of emergency medical or hospital services required for my child, during any in-person session, program representatives would make every reasonable effort to contact me or our designate (who are identified or consented by the Parents). In addition, my/ our signature on this form authorizes the program representative/ designate to secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.



Faith Journey
Candidate Registration Form

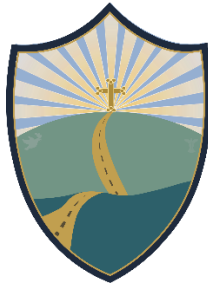
- ☐ I/ We acknowledge that zero tolerance is the policy of the program to ensure my child's safety. In case of any concerns, I/we will inform the designed authorities.
- ☐ In case of any possible conflicts/concerns I/ we have, I/ we will address it in a respectful and appropriate manner, and I/ we are free to contact the instructor, or an authorized/ designated person to deal with such concerns.

I/ We hereby declare that I/ we am/are the parent(s) or guardian(s) of the child named above. I have read and understood the information provided on this form in its entirety and hereby consent to participate being aware of all the foregoing.

Name of the Parent(s)/Guardian(s)

Signature(s)

Date



Faith Journey Candidate Registration Form

Consent to post or publish student information

Name of the child: _____

Grade: _____

Faith Journey is requesting your permission to use your child's information (image, video, or any creative content presented by the child) in:

- ☐ Programs and activities ____ (*Parent's Initial*).
- ☐ Programs and activities ____ (*Parent's Initial*).

Such works may also include video recordings or display of images, where the faithful community and/or public may have access to this information and may identify you or your child.

*In case of any privacy or safety concerns, we agree to contact the program instructor, or Director, _____ (*Parent's Initial*)*

By signing this form and returning it to the Faith Journey, Vancouver, you are consenting to your child's information being used for the stated purposes. If no form is returned, it indicates that consent was NOT given.

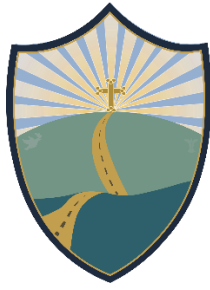
Yes, I/ We consent to my child's information being used for the above stated purposes.

Name of the Parent (s)/Guardian(s)

Signature(s)

Date

**Your consent is voluntary, and you may withdraw your consent at any time by notifying the instructor in writing. We will communicate information on events and projects that your child may be participating in from time to time. **



Faith Journey Candidate Registration Form

STUDENT INFORMATION

Name of the Student: _____
First Middle Last

Baptismal Name: _____ Gender: _____

Date of Birth: ____/____/____

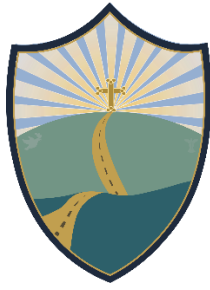
Address: _____

City: _____ Postal Code: _____

Email: _____ Phone #: _____

SACRAMENTAL HISTORY:

Baptism:	Yes: _____	No: _____	Date: _____
Reconciliation:	Yes: _____	No: _____	Date: _____
Communion:	Yes: _____	No: _____	Date: _____
Confirmation:	Yes: _____	No: _____	Date: _____



Faith Journey
Candidate Registration Form

SCHOLASTIC HISTORY

Last school grade completed: _____

Last school attended: _____ **City:** _____

HEALTH INFORMATION:

Allergies / Health Concerns / Medical Alerts: Yes: _____ No: _____

If yes, please provide required information:

(*Please submit all relevant information that may require learning assistance to your child, to aid teachers engage students, enhance learning, and consider provisions for student assessments, if needed. The information will be kept confidential among the Parish Priest, Catechism Principal, and the designated Teacher.)

PARENT'S INFORMATION

Father's / Guardian Name: _____ **Phone#:** _____

Mother's / Guardian Name: _____ **Phone#:** _____

Parents (or caregiver) Primary Email: _____

Are you a registered member of your parish: Yes: _____ No: _____

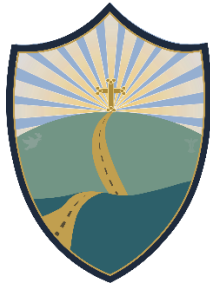
Parish Name: _____

Pastor Name: _____

EMERGENCY CONTACTS: (List at least one)

1. **Name:** _____ **Phone #:** _____

2. **Name:** _____ **Phone #:** _____



Faith Journey Candidate Registration Form

I hereby confirm my understanding and acceptance of the information provided above and attest to the accuracy of the information I have provided.

Name: _____ **Signature:** _____ **Date:** _____

(Please print the form clearly and complete all information in full. The Eparchy of Mississauga, Department of Catechesis and the Parishes are committed to ensuring the safety of all students. Information on this form is an essential component of the Parish's emergency responses and will be kept confidential among the Parish Priest, Principal or any person authorized by the Parish Priest).

Link for donations to Andrew's Place for Tuition of \$75.00

[Link](#)

QR Code:



For office use only:

Admission No: _____ **Acceptance Signature:** _____

Tuition Paid: _____

Leading Catholics to Jesus
Faith Journey Cohort 3 Reconciliation Consent Form