



St. Augustine's Parish Faith Formation 2020/2021 Year
 3030 Main Street | Peru, NY 12972 | Tel: 518.643.2435 | Fax: 518.643.0960
 www.peruparish.org | <https://peruparish.flocknote.com> | Janice@peruparish.org

CHILD(REN) 's LAST NAME: _____

Main telephone number (____) - ____ - _____

REGISTRATION FEE: \$35.00 PER FAMILY
OFFICE USE ONLY, PLEASE

Date Received: _____ 20/21 PAID
 \$ _____ CHECK # _____ Cash RCT. # _____

Family Last Name : _____

Child/ren lives with: Both _____ Mother _____ Father _____ Other: _____

Child's Primary Address: _____

Parent Email: _____

Our Main source of communications is through our Parish wide communication system "**FLOCKNOTE**"
 (<https://peruparish.flocknote.com>) All Families are asked to register and provide your email above. Thank you

Parents Marital Status: ___ Married ___ Separated ___ Single ___ Divorced

of children in the Program this year: _____ Are you registered at St. Augustine's Parish? ___ Yes ___ No
 Do you use Envelopes? ___ Yes ___ No If yes, are there any changes that need to be addressed?
 If "No" would you like us to send you envelopes for your convenience? ___ Yes ___ No

Mothers Name: _____
 (First Middle **MAIDEN** & Last)

Address: _____

(____) - _____ (____) - _____ (____) - _____
 Home Phone Mobile Work

Occupation: _____ Religion _____

Fathers Name: _____
 (First Middle & Last)

Address: _____

(____) - _____ (____) - _____ (____) - _____
 Home Phone Mobile Work

Occupation: _____ Religion _____

On the next page... Please list each students to be registered in the Faith Formation Program this year with the oldest to the youngest. If more than 3 children are being registered, please use an additional sheet of paper or contact Janice at the Office 518.643.2435 or Janice@peruparish.org.

*****IF YOUR CHILD WAS NOT BAPTIZED AT ST. AUGUSTINE'S CHURCH:
 PLEASE PROVIDE A CERTIFICATE OF BAPTISM*****

THIS BLOCK FOR OFFICE USE ONLY, PLEASE

Sacramental Classes:	First Communion	Confirmation I	Confirmation II
Books _____	Folders _____	Journals _____	Agreements _____

Grade	Students Baptismal Name: _____ <small>First Middle *(Very Important) Last</small>
Age: _____ D.O.B. _____ / _____ / _____ <small>City/State/Zip</small>	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Student's Address: _____	
Student Lives with: ___ Both Parents ___ Father Only ___ Mother Only ___ Other _____ <small>Provide Name & Tel #</small>	
School Attending: _____ <small>Name Address/City/State/Zip</small>	
<u>The below information is extremely important, PLEASE DO NOT LEAVE THIS BLANK.</u>	
Baptismal Date: _____ / _____ / _____ <small>M/D/Y</small>	_____ Name _____ Address _____ City _____ State _____ Zip _____
First Penance: _____ / _____ / _____ <small>M/D/Y</small>	_____ Name _____ Address _____ City _____ State _____ Zip _____
First Eucharist: _____ / _____ / _____ <small>M/D/Y</small>	_____ Name _____ Address _____ City _____ State _____ Zip _____
List allergies, current medications, glasses/contacts, physical/mental/learning disabilities, dietary needs, or other pertinent information.	

Grade	Students Baptismal Name: _____ <small>First Middle *(Very Important) Last</small>
Age: _____ D.O.B. _____ / _____ / _____ <small>City/State/Zip</small>	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Student's Address: _____	
Student Lives with: ___ Both Parents ___ Father Only ___ Mother Only ___ Other _____ <small>Provide Name & Tel #</small>	
School Attending: _____ <small>Name Address/City/State/Zip</small>	
<u>The below information is extremely important, PLEASE DO NOT LEAVE THIS BLANK.</u>	
Baptismal Date: _____ / _____ / _____ <small>M/D/Y</small>	_____ Name _____ Address _____ City _____ State _____ Zip _____
First Penance: _____ / _____ / _____ <small>M/D/Y</small>	_____ Name _____ Address _____ City _____ State _____ Zip _____
First Eucharist: _____ / _____ / _____ <small>M/D/Y</small>	_____ Name _____ Address _____ City _____ State _____ Zip _____
List allergies, current medications, glasses/contacts, physical/mental/learning disabilities, dietary needs, or other pertinent information.	

Grade	Students Baptismal Name: _____ <small>First Middle *(Very Important) Last</small>
Age: _____ D.O.B. _____ / _____ / _____ <small>City/State of Birth</small>	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Student's Address: _____	
Student Lives with: ___ Both Parents ___ Father Only ___ Mother Only ___ Other _____ <small>Provide Name & Tel #</small>	
School Attending: _____ <small>Name Address/City/State/Zip</small>	
<u>The below information is extremely important, PLEASE DO NOT LEAVE THIS BLANK.</u>	
Baptismal Date: _____ / _____ / _____ <small>M/D/Y</small>	_____ Name _____ Address _____ City _____ State _____ Zip _____
First Penance: _____ / _____ / _____ <small>M/D/Y</small>	_____ Name _____ Address _____ City _____ State _____ Zip _____
First Eucharist: _____ / _____ / _____ <small>M/D/Y</small>	_____ Name _____ Address _____ City _____ State _____ Zip _____
List allergies, current medications, glasses/contacts, physical/mental/learning disabilities, dietary needs, or other pertinent information.	

EMERGENCY VERIFICATION

Where can parent/legal guardian be reached if not at home during class hours?

Mother: _____ Phone: _____

Father: _____ Phone: _____

Custodial Guardian: _____ Phone: _____

Please designate two (2) adults who will assume responsibility if parents cannot be reached:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

MEDICAL RELEASE FORM

I/We being a parent of legal guardian of the student(s) listed herein allow my child(ren) to participate upon my (our) own initiative and application and I/We assume all risks of his/her participation in the Religious Education Program. In consideration of his/her participation in said program, I/ We hereby release St. Augustine's Parish, its Board, officers, employees and volunteers from any claims or liability arising from any accident of injury to my /our chil(ren) occurring during our as a result of my child(rens) participation in the Religious Education Program. In the event that the undersigned, cannot be reached and in the judgement of the Director of Religious Education or other person responsible for the program/group, or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my child, I/We hereby authorize any of the aforesaid personnel to obtain for my (our) child(ren) such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/ treatment and for medication deemed necessary.

PRINT last name as written on the enrollment form: _____

Signature: _____ Date: _____

PHOTO PERMISSION FORM

The activities of the Religious Education program may be published in the St. Augustine's Parish Communications media. Although much of the information will be in word form, we hope that photos and other graphics will be an important part of our electronic publication. In light of this, we need your permission to include photos of your children. These are usually photos of groups of children, but may be individual photos as well. Know that we will follow suggested safety and privacy guideline. No personal information will be posted; However, we may at times use names in instances of ceremony's and life events.

Please fill in the blank, check the appropriate box, sign and date your reply.

I have read the notice about possible publication of my child/ren's photo in St. Augustine's Parish communications media effective from September 2020 - May 2021.

YES, I/We grant permission for St. Augustine's Religious Education to publish my (our) child/ren's photograph in Parish publications for the 20/21 school year.

NO, I would prefer that my/our child/ren's image not be published at this time.

Signature of Parent/Legal Guardian _____ Date: _____

FAMILY INTERNET SAFETY PACT

1. I UNDERSTAND there is some danger online and on cell phones. Criminals roam the Internet just as they roam the streets.
2. I UNDERSTAND that some people online and on cell phones pretend to be someone they are not. They can misrepresent their age, gender, interests, personality, job or anything else.
3. I UNDERSTAND that some criminals try to befriend kids online and on cell phones, especially young people who are lonely or aren't getting along with their parents.
4. I UNDERSTAND that private and family matters should not be discussed online or on cell phones. Instead, I should talk about these matters with a parent or trusted adult.
5. I UNDERSTAND that parents may spot-check my e-mail, my time online, and my cell phone usage because they love me and want to ensure my safety.
6. I WILL NOT give out my full name, home address or phone number online or on my cell phone.
7. I WILL NOT send inappropriate pictures of myself to anyone online or on my cell phone.
8. I WILL NOT give out my internet or cell phone account passwords.
9. I WILL NOT give out the name/location of the school I attend or my place of employment to anyone online or on my cell phone.
10. I WILL NOT respond to violent or X-rated e-mails, voice mails, or text messages. I WILL report it to my parents IMMEDIATELY and let them report it to www.cybertipline.com and my Internet Service Provider.
11. I WILL NOT go alone to meet in-person someone I know only from online or cell phone usage. If I really want to meet an online or cell phone acquaintance, I WILL ONLY go with my parent (s) or an adult designated by my parent(s).

Please read and discuss with your youth.