



St. Augustine's Parish Faith Formation 2019/2020 Year  
 3030 Main Street | Peru, NY 12972 | Tel: 518.643.2435 ext. 101 | Fax: 518.643.0960  
 www.peruparish.org | <https://peruparish.flocknote.com> | Janice@peruparish.org

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

Date Received: \_\_\_\_\_ 2019 PAID \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ Cash RCT. # \_\_\_\_\_

Home Tel. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Family (Child/ren) : \_\_\_\_\_  
 ^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 ext. 101 or Janice@peruparish.org.

**\*\*\*IF YOUR CHILD WAS NOT BAPTISED AT ST. AUGUSTINE'S CHURCH:  
 YOU MUST 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 Effective Sept 2019	Students Baptismal Name: _____					
	<i>First</i>	<i>Middle *(Very Important)</i>	<i>Last</i>			
	Age: _____	D.O.B. _____ / _____ / _____	City/State/Zip _____	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Student's Address: _____						
Student Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Other _____ <span style="float: right; font-size: small;">Provide Name &amp; Tel #</span>						
School Attending: _____ <span style="float: right; font-size: small;">Name _____ Address/City/State/Zip _____</span>						
<b><u>The below information is extremely important, PLEASE DO NOT LEAVE THIS BLANK.</u></b>						
<b>Baptismal Date:</b>	_____/_____/_____ <i>M/D/Y</i>	_____ <i>Name</i>	_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
<b>First Penance:</b>	_____/_____/_____ <i>M/D/Y</i>	_____ <i>Name</i>	_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
<b>First Eucharist:</b>	_____/_____/_____ <i>M/D/Y</i>	_____ <i>Name</i>	_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
<b>List allergies, current medications, glasses/contacts, physical/mental/learning disabilities, dietary needs, or other pertinent information.</b>						

Grade Effective Sept 2019	Students Baptismal Name: _____					
	<i>First</i>	<i>Middle *(Very Important)</i>	<i>Last</i>			
	Age: _____	D.O.B. _____ / _____ / _____	City/State/Zip _____	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Student's Address: _____						
Student Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Other _____ <span style="float: right; font-size: small;">Provide Name &amp; Tel #</span>						
School Attending: _____ <span style="float: right; font-size: small;">Name _____ Address/City/State/Zip _____</span>						
<b><u>The below information is extremely important, PLEASE DO NOT LEAVE THIS BLANK.</u></b>						
<b>Baptismal Date:</b>	_____/_____/_____ <i>M/D/Y</i>	_____ <i>Name</i>	_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
<b>First Penance:</b>	_____/_____/_____ <i>M/D/Y</i>	_____ <i>Name</i>	_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
<b>First Eucharist:</b>	_____/_____/_____ <i>M/D/Y</i>	_____ <i>Name</i>	_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
<b>List allergies, current medications, glasses/contacts, physical/mental/learning disabilities, dietary needs, or other pertinent information.</b>						

Grade Effective Sept 2019	Students Baptismal Name: _____					
	<i>First</i>	<i>Middle *(Very Important)</i>	<i>Last</i>			
	Age: _____	D.O.B. _____ / _____ / _____	City/State of Birth _____	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Student's Address: _____						
Student Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Other _____ <span style="float: right; font-size: small;">Provide Name &amp; Tel #</span>						
School Attending: _____ <span style="float: right; font-size: small;">Name _____ Address/City/State/Zip _____</span>						
<b><u>The below information is extremely important, PLEASE DO NOT LEAVE THIS BLANK.</u></b>						
<b>Baptismal Date:</b>	_____/_____/_____ <i>M/D/Y</i>	_____ <i>Name</i>	_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
<b>First Penance:</b>	_____/_____/_____ <i>M/D/Y</i>	_____ <i>Name</i>	_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
<b>First Eucharist:</b>	_____/_____/_____ <i>M/D/Y</i>	_____ <i>Name</i>	_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
<b>List allergies, current medications, glasses/contacts, physical/mental/learning disabilities, dietary needs, or other pertinent information.</b>						

### 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 01, 2019- May 14, 2020.

YES, I/We grant permission for St. Augustine's Religious Education to publish my (our) child/ren's photograph in Parish publications for the 2019-2020 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

- I UNDERSTAND there is some danger on-line; criminals roam the internet just as they roam the streets.
- I UNDERSTAND that some people online pretend to be someone they are not. They can be dishonest about their age, sex, interests, job, or anything else.
- I UNDERSTAND that some criminals try to befriend kids online, especially those who are lonely or who aren't getting along with their parents.
- I UNDERSTAND that private and family matters should not be discussed on-line. Instead, I should talk about them with a trusted adult.
- I UNDERSTAND that my parents need to know where and with whom I spend my time online, because they love me and want to ensure my safety.
- I WILL NOT give out personal information online or through my cell phone, including my full name, address, phone number, or name and location of my school or place of employment.
- I WILL obtain permission from my parents first if I want to provide personal information to enter a contest, register on a website, or buy something online.
- I WILL NOT send photographs, video clips, or other images of myself to cyber friends.
- I WILL NOT go alone to meet someone in person that 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).
- 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](http://www.cybertipline.com) and my Internet Service Provider.

\*\*\*\*\*

***I have read and discussed the above Family Internet Safety Pact with my child.***

\_\_\_\_\_  
Parent's Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature Date: \_\_\_\_\_

***I have read and discussed the above Family Internet Safety Pact with my Parent (s).***

\_\_\_\_\_  
Child's Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Child's Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Child's Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Child's Signature Date: \_\_\_\_\_

***This form MUST be completed Signed and returned with your registration. Thank you***