

FAMILIES GROWING IN FAITH TOGETHER; A *G.I.F.T.*  
 ST. JOHN THE EVANGELIST CHURCH  
**REGISTRATION FORM, LEVELS (GRADES) K-HIGH SCHOOL**  
**2007/08**

FAMILY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

TOWN and ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ UNLISTED  yes  no  
 if unlisted, may it be shared with your child's religion teacher?  yes  no

DAYTIME PHONE: \_\_\_\_\_ if work number  father  mother

E-MAIL ADDRESS: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ Religion: \_\_\_\_\_

MOTHER'S NAME (**maiden**): \_\_\_\_\_ Religion: \_\_\_\_\_

OTHER ADULT'S NAME: \_\_\_\_\_  
 If applicable circle one: stepfather stepmother other

IN CASE OF EMERGENCY, CONTACT: \_\_\_\_\_  
 (If parent cannot be reached for an emergency/class cancellation)

TELEPHONE: \_\_\_\_\_

REGISTERED MEMBER OF ST. JOHN'S PARISH (under new census conducted in 2007?)  yes  no  
 (Non parishioners will be accepted based on space availability only)

IF NO, Is your family registered in another parish?  yes  no

NAME OF PARISH OF REGISTRATION: \_\_\_\_\_

CHILD'S FULL NAME <small>List children participating in Families Growing in Faith Together</small>	Male/ Female M/F	FAITH FORMATION LEVEL <b>(Grade in Sept.)</b>	F GIFT on SUNDAY 12:00-1:30	F GIFT on MONDAY 6:30-8:00
			PREFERENCE -CHECK ONE	

SPECIAL NEEDS: **See Health Form** (Use the back of this form for any further information we should know)

**FOR ALL FIRST YEAR/NEW REGISTRATIONS SEE THE BACK OF THIS FORM**

OFFICE USE ONLY: Received: \_\_\_\_\_ Tuition Paid: \_\_\_\_\_

**<OVER>**

\*\*\*ADDITIONAL INFORMATION

**LEVEL K, FIRST YEAR & NEW PARTICIPANTS ONLY**  
(also transfer-in participants)

CHILD'S NAME	DATE OF BIRTH	CITY/TOWN & STATE OF BIRTH	EXACT DATE OF BAPTISM mm/dd/yy	CHURCH OF BAPTISM	CITY/TOWN & STATE (Church of Baptism)

If you do not have the date of Baptism in your records, please provide us with the name, city/town, of the Church of Baptism.

**NEW/TRANSFER-IN PARTICIPANTS ONLY: in addition to the above, please complete the following if this is your first year in St. John's faith formation programs**

Previous Faith Formation (Religious Education) Experience:

CHILD'S NAME	NAME OF CHURCH & CITY/TOWN	LEVEL(S) (GRADE) COMPLETED	SACRAMENTS CELEBRATED

Use the space below for any other information/requests we should know about

<OVER>



ST. JOHN THE EVANGELIST CHURCH  
ROMAN CATHOLIC DIOCESE OF ROCHESTER  
**CODE OF CONDUCT FOR MINOR CHILDREN  
INVOLVED IN PARISH PROGRAMS**

**FAMILIES GROWING IN FAITH TOGETHER; A *G.I.F.T.***  
Faith Formation Program

---

The purchase, possession or consumption/use of alcoholic beverages or other illegal drugs will not be tolerated. Failure to comply will result in **immediate dismissal** from the event. This policy also applies to adult volunteers and chaperones.

Minors will not be allowed to smoke cigarettes or to use tobacco products, including chewing tobacco.

Participants are expected to obey the directions of adults in charge (catechists, youth group leaders, chaperones).

Participants are representing their parish community. Appropriate behavior and language are expected.

No dangerous or rough play will be tolerated.

Final decisions regarding acceptable behavior/consequences are the decision of the staff person in charge.

In general, if the behavior of a minor child results in his/her dismissal from the program, it is the responsibility of the parents/legal guardians to provide, at their own expense, transportation for the dismissed child. If a child is dismissed from an off site event and an adult chaperone must accompany the child home, the parents/legal guardian are responsible for any related expenses.



*In signing this Code of Conduct form, I hereby certify that I have read, understand, and will comply with the Code and, furthermore, I have reviewed the Code of Conduct with my child(ren).*

Signature of parent/guardian \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

ST. JOHN THE EVANGELIST CHURCH  
ROMAN CATHOLIC DIOCESE OF ROCHESTER  
**DISMISSAL RELEASE FORM**

**FAMILIES GROWING IN FAITH TOGETHER; A *G.I.F.T.***  
Faith Formation Program

I, \_\_\_\_\_ will be pick up my son/daughter \_\_\_\_\_  
from faith formation class. In the event I cannot pick up my child(ren) from faith formation class, I authorize  
the catechist/group leader to release my child(ren) to the following adults (Please remember to include the other  
parent/step-parent if appropriate):

Names _____	Phone _____
_____	Phone _____
_____	Phone _____
_____	Phone _____

I understand that whomever picks up my child(ren) must go to the learning space to collect him/her.

\_\_\_\_\_  
Signature of parent completing this form

\_\_\_\_\_  
phone number

\_\_\_\_\_  
Date