



**BLESSED SACRAMENT
ROMAN CATHOLIC PARISH**

11300 North 64th street
Scottsdale, Arizona 85254

Phone: (480) 998-1665 :: Fax: (480) 951-3844
www.blessedsacramentscotts.org

FAITH FORMATION & EDUCATION OFFICE

Elementary

Middle School: *Ascend*

High School: *Summit*

Sacramental Preparation

FAMILY INFORMATION FORM

Please print all information clearly – One folder per family

Parent/Legal Guardian Last Name:

Registered Parishioner*: Y N

Child(ren) last name, if different than parent's:

**If you are not a registered parishioner of Blessed Sacrament, a letter from your current Pastor granting permission for Sacramental Preparation is required.*

PARENT/GUARDIAN INFORMATION

Parent/Legal Guardian Full Name(s):

Marital Status (circle):

Married

Single

Divorced

Widowed

Address:

City:

Zip:

Home Phone:

Primary Contact Cell:

Email:

EMERGENCY CONTACT

Name:

Relationship

Phone:

ADDITIONAL INFORMATION

Are you willing to assist as a **volunteer**? No Yes; if yes, which program: RE Youth Ministry

Are you willing to **substitute** in your child's class? Yes No

Please explain any legal or custodial issues the parish should be aware of: N/A Yes, see below:

Please list any allergies, including food, for any registering child: N/A Yes, see below:

If your child needs special services please explain: N/A Yes, see below:

FEES

While our Elementary, Youth Ministry and Sacramental Preparation programs are without cost, any donations would be greatly appreciated and would strictly be applied to the faith formation programs. (There may be fees for retreats or other activities)

For Office Use Only:

Registered

PDS

Flocknote

Continued ↪

RELEASES & PERMISSIONS

I, _____ (Parent/Guardian Name), request that my **child(ren) as listed on page 3 of this form** be allowed to participate in the Faith Formation & Education program at Blessed Sacrament Roman Catholic Parish. This program will take place under the guidance and direction of parish employees and/or volunteers from Blessed Sacrament Roman Catholic Parish. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the child(ren) named on page 3 of this form.

I agree on behalf of myself, my child(ren) named herein, or our heirs, successors, and assignees, to hold harmless and defend Blessed Sacrament Roman Catholic Parish, its officers, directors, employees and agents, and the Diocese of Phoenix, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child's participation in the program or event associated with the program, illness or injury (including death) or cost of medical treatment in connection therewith. I agree to compensate the parish, its officers, directors and agents, and the Diocese of Phoenix, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from negligence of the parish/diocese

Medical Release: _____ (Parent/Guardian Initials)

In the event of an illness, I request that a designated agent of Blessed Sacrament Roman Catholic Parish obtain medical treatment on my behalf for my child. I will not hold Blessed Sacrament Roman Catholic Parish, the Diocese of Phoenix, the teachers, church employees, chaperones, coaches, or volunteers responsible for any accident or injury.

Photo Release: _____ Approve (Parent/Guardian Initials) or _____ Deny (Parent/Guardian Initials)

I authorize that appropriate pictures of my child(ren) may be taken during activities. I hereby grant the use of and release to the Catholic Diocese of Phoenix and Blessed Sacrament Roman Catholic Parish the use of my child(ren)'s name or likeness, whether in still, motion pictures, audio and video tape, my child(ren)'s photograph and/or other reproduction of him/her including his/her voice and features with or without his/her name for any promotional purposes involving the diocese or parish/school, news or feature stories in The Catholic Sun or other media. These items may be used without limitation or reservation of any fee.

Behavior Agreement: _____ (Parent/Guardian Initials)

I agree that the child(ren) named for registration will dress and act with respect; will use no verbal or physical abuse of self or others; will not have in their possession at any time alcohol, non-prescription drugs, or tobacco of any kind; will be responsible for their own belongings. I have spoken with my child(ren) and he/she has agreed to follow the guidelines set above.

Sacramental Policy of the Diocese of Phoenix: _____ (Parent/Guardian Initials)

Sacramental preparation must coincide with regular weekly attendance in the parish Religious Education program. Students attending a Catholic School are waived from attending the weekly formation classes. Weekly Sunday Mass attendance is expected.

Class Placement and Class Changes Policy: _____ (Parent/Guardian Initials)

We try our best to place your child in your 1st choice but classes are filled on a first come first serve basis. Efforts are made to maintain a class capacity of a maximum of 15 students per class. Accommodations for class changes will only be considered in extreme cases. Please check your family's schedule for the year prior to submitting registration and committing to the religious education school year.

By signing below I authorize that a copy of this form may be kept at Blessed Sacrament Roman Catholic Parish and used in case of emergency. *If in a shared custody situation, please provide both Parent signatures or a letter from the other parent granting agreement for the child to participate.*

Mother/Father/Legal Guardian _____ Date _____

Mother/Father/Legal Guardian _____ Date _____