

Family Name: _____ Parish _____ Telephone # _____ Cell phone # _____ Date: _____

Address: _____ Zip Code _____

Session: Summer 2017

Mother's Name _____ Father's Name _____

Office Use: Deposit pd: _____

Paid in Full: _____

Parent email: _____

**Full payment/registration
deadline is May 22, 2017**

Lenten session _____

Are there any custody arrangements we need to be aware of? _____ if yes, please attach a copy of pertinent documents.

Child's First Name	Last name if other than family name	Birthdate	Grade Fall 17	School attending Fall 2017	Special needs? (learning, medical, allergies, food allergies)

Emergency contacts (during program hours):

Name: _____ Relationship: _____

Home Phone # _____ Cell Phone# _____

Please check one: Student(s) will be picked up at dismissal Student has permission to walk home at dismissal

I UNDERSTAND THAT ATTENDANCE FOR ALL 5 DAYS IS MANDATORY. Please be sure not to schedule appointments, vacations, day trips, etc. during the days of the program. I understand that **REGULAR MASS ATTENDANCE IS EXPECTED THROUGHOUT THE YEAR AS A CRITERIA FOR PARTICIPATION IN THIS PROGRAM.** I also understand that I am responsible to meet the other conditions (programs, services, service component, etc.) as set by my parish Faith Formation Department.

I hereby give permission for my child to attend and participate fully in all aspects of the West Seneca Cluster Summer Faith Formation Program being held at 14 Holy Helpers Parish. I understand that in the case of an emergency, every effort will be made to contact me. In the event I cannot be reached, I give permission to emergency medical personnel to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. I agree to protect, indemnify, and hold blameless the Diocese of Buffalo, Saint John XXIII, 14 Holy Helpers and Queen of Heaven Parishes from any and all loss, cost and damage, or expense arising out of or from any accident or other occurrence on or about the premises where Faith Formation activities are taking place, causing injury to any person or property.

Parent/ Legal Guardian Signature _____

Please call me I am interested in volunteering as a Catechist Catechist Asst. Office Help Lunch Room help