

# St. George Roman Catholic Church

## *Growing In Faith Together*

### **GIFT Registration Form 2016-17**

**PLEASE PRINT CLEARLY:**

Family Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### **Parents/Guardians\***

Father

Mother

Name \_\_\_\_\_

Name (First and Maiden) \_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

**\*If either parent resides at a location different from the address listed above, please give your address:**

Father/Mother: \_\_\_\_\_

### **Student Information**

Last Name	First Name	Grade	Date of Birth	*Sacrament Preparation (please specify)
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### **\*Sacrament Preparation**

Please indicate after the name of your child, if you are interested in preparing him/her for:

**Baptism    Reconciliation    First Eucharist    Confirmation**

\*If you are registering your child for the first time in GIFT, please provide a copy of his/her baptismal, reconciliation and/or Eucharist certificates.

### **Local Emergency Contact (other than Parents)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Emergency Medical Authorization: In the event either parents or emergency contact person cannot be reached, I hereby give my consent for emergency medical treatment and transport to an accessible hospital or medical facility.**

**Parent/Guardian Signature:** \_\_\_\_\_

## Special Needs Information

Please advise if we should be aware of any conditions affecting your child or family. For example: Allergies (dietary), sight, hearing, illnesses, parent-child custody issues, learning disabilities\*, etc.

If you have any questions or wish to speak with any of the GIFT staff about any particular condition, please contact the Faith Formation Office at 652-0126 or the Rectory at 652-3153.

*\*If your child has an IEP, please provide a copy so we can address his/her needs.*

Special Needs:

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## Faith Formation Team Invitation

We are all called to nurture the faith of our children and youth. We hope you will partner with us and share your special gift as part of the faith formation team. If you wish to serve our children and youth on their journey, come and share your story. *If you can teach, draw, paint, cook, dance, play, sing, listen,... and open your heart to the Lord Jesus and our children/youth...this is a Ministry for you!\**

Please check the activity you are interested in:

Catechist (teacher)     Teacher Assistant in the K-8 Sunday program  
 Youth Team member     Food Donations     Driver/chaperon  
 Please specify other: \_\_\_\_\_

**\*In the Diocese of Buffalo, all adults who are engaged with youth, must participate in the "Protecting God's Children Program". This includes an initial workshop and reading monthly e-mail updates provided through the Diocese.**

## Photo/Video Release

I hereby give permission to St. George Church for the use of photographs and videos that may contain my child's/children's images in promotional materials for the parish, including its website or Facebook page. I hereby waive any right or claim to compensation, monetary or otherwise, for such use.

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(Parent/Guardian Signature)

## Registration Fee

The registration fee for GIFT is \$50. per family. Your payment helps offset the cost of the GIFT program and your child's new textbook.

Please make checks payable to St. George Church.

If you have a financial need, please contact Sr. Lori High at 652-3153.

**Thank you!**