



SAINT PAUL THE APOSTLE PARISH
FAITH FORMATION REGISTRATION

PreK – Grade 5 / 2016-17

Student Name: _____ Gender: ___ DOB: _____
Age: ___ Grade: ___

School Student Attends: _____

Sacraments Received (Please circle Y or N and provide location and date):

Baptism Y N location/date: _____

Reconciliation Y N location/date: _____

Confirmation Y N location/date: _____

Eucharist Y N location/date: _____

Prior Faith Formation Grades Completed: _____ Location: _____

Mother's Name: _____

Father's Name: _____

Mailing Address: _____ City: _____ Zip: _____

E-mail Address: _____ Phone: (H) _____ (Cell) _____

**Email is our primary method of communication.*

Is your family currently registered in the parish? Yes ___ No ___

Emergency Contact (other than yourself): _____

Phone: (H) _____ (Cell) _____ Relationship to your child: _____

Are there any medical conditions, allergies or special needs of which we should be aware?

Please indicate the time and location of the faith formation class your child will attend:

Sunday, 1-2:30 pm, St. Gabriel's _____

Sunday, 1-2:30 pm, St. Mary's _____

Sunday, 12:30-2:00 pm, St. Matthew's _____

Wednesday, 4:00-5:30 pm, St. Joseph's _____

Please return this form to St. John's Parish Office, 207 York St. Bangor

Cost is \$25 per child, no more than \$50 per family

Office use only: Amount Paid _____ Cash/Ck # _____ Received by _____ Date _____



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MEDIA RELEASE OPT OUT FORM

In this digital age, the parish takes many pictures of baptisms, special events, activities, youth groups, etc. We use these pictures to record, promote and celebrate the life of our parish.

We understand that some people may choose not to have their photograph used and we want to respect their wishes. Therefore, we have provided an “Opt Out Form” for those individuals or families who may prefer NOT to have photographs of themselves and/or their children published by the parish. Failure to exercise this option releases and discharges St. Paul the Apostle Parish from any and all claims arising out of the use of photographs.

****If you have no objection to parish use of your photograph, DO NOT sign this form****

For clarity, the term “photograph” as used herein encompasses both still photographs and motion picture footage. The term “publish” refers to publications that include, but are not limited to, the parish weekly bulletin, promotional brochures & posters and the parish website.

To exercise this option, check the box below and provide the information requested.

- I do not give St. Paul the Apostle Parish permission to publish photographs of the adult(s) and/or minor(s) named below in which the adult(s)/minor(s) may be involved with others for the purpose of promoting the life of the parish.

I, _____ am 18 years old or older, and am able to contract for the minor(s) in the above regard. I have read the above statement and fully understand its contents.

Signature

Date

Please list all family members included in the “Opt Out”:

1. Name (Please Print) _____
2. Name of Minor _____
3. Name of Minor _____
4. Name of Minor _____
5. Name of Minor _____

Address: _____
Street

City



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Think First Stay Safe!

Sexual Abuse Awareness, Prevention and Safety Program

PARENT "OPT-OUT" FORM (PARISH)

The Roman Catholic Diocese of Portland has implemented the above sexual abuse awareness, prevention and safety program in all parishes and Catholic schools. All parents with children in either Parish Faith Formation Programs (including, but not limited to religious education and youth ministry) or Catholic Schools are strongly encouraged to participate, along with their children, in this program.

By signing this form I have acknowledged the above and elected NOT to have my child participate in this program. I also acknowledge that I was offered the opportunity to discuss my concerns with the Pastor, Principal or Parish Catechetical Leader and that I have been provided with the *Think First & Stay Safe! Parent's Manual* which is designed to help me provide this education to my child.

Number of Children Being Opted-Out: _____ Children's Grade Level(s): _____

Child/Children's name(s): _____

(Parent's/Guardian' Signature) (Date)

(Parish Name/City)

Concerns/Issues:

