

2022 Children's Faith Formation Summer Registration: Grades K-5

June 6, 2022 through July 8, 2022 (Monday through Friday)

9:30AM-12:00PM

If your child was baptized in a parish other than Risen Savior, please bring your child's **Original** baptismal certificate to the office for us to make a copy.

ATTENTION: Children may only miss up to four classes (not consecutive) during the session.

Please schedule vacations/appointments around scheduled program time and dates.

The non-refundable, non-transferable book fee of \$30.00 per child must be paid in order to reserve space.

*Please call Tes Charlton 505-821-1571 x104 if cost is prohibitive.

REGISTRATION DEADLINE:

May 11, 2022

I am a registered parishioner at: _____

Child's Full Name: _____ Age: ___ Gender: ___ Birthdate: _____

School: _____

Grade entering in Fall 2022: _____

Child lives with (check one): Father and Mother Father Mother Legal Guardian

Parent(s)/Guardian(s) Full Name(s): _____

Full Address: _____ Home Phone: _____

Cell Phone(s): _____ Email(s): _____

Other Guardian's Name (not listed above): _____

Full Address: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Sacramental Information (If your child was baptized at Risen Savior, please let us know an approximate date:

Date

Parish

City/ST

Zip Code

Baptism: _____

First Reconciliation: _____

First Eucharist: _____

Confirmation: _____

Parent or Guardian's Signature: _____

Date: _____

Please submit the following for our records:

1. **Completed registration form (both sides).**
2. **Original Baptismal certificate**
(to be copied & returned)
3. **Payment: Cash or Checks**

See Reverse Side

Office Use Only: Date: _____

Staff Signature: _____

___ Book Fee Paid ___ Cash ___ Check #

Parent/Guardian Permission Form
Medical Questionnaire /Medical Authorization/Indemnity Agreement

Sponsor of Program: Risen Savior Catholic Church
Program/Activity: Children's Faith Formation Program
Date of Program/Activity: June 6, 2022– July 8, 2022
Place of Program/Activity: Risen Savior Catholic Church Campus, Rancho de Palomas Park, and other announced locations.

The undersigned, as parent or legal guardian of _____, does hereby give permission for the above named individual to attend the described program/activity. As parent and/or legal guardian of the above named individual, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Risen Savior Catholic Community, its officers, directors, employees and agents, and the Archdiocese of Santa Fe, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Santa Fe, its employees and agents and chaperones, or representative associated with the event for reasonable attorneys' 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 the negligence of the parish or the Archdiocese of Santa Fe.

It is possible that at times leadership team members may take **photographs or videos** of events in which your child may be participating. By signing this you acknowledge that your child may be photographed during the course of their participation and those photographs may be **used/published** for church purposes.

I hereby authorize the Supervisor of the activity or his/her designee to act in my behalf to authorize such medical attention, surgery, or other health care services, as may be recommended in an emergency situation while participating in the activity. If the below named physician cannot be reached, I hereby authorize any licensed physician or medical center to treat my child.

Medical Questionnaire:

Parent/Guardian Name(s): _____

Parent/Guardian Phone: _____
Home Work Cell

In case of an emergency, a parent/guardian is contacted first. If unable to reach parent/guardian, please contact:

First Name: _____ Phone: _____ Relationship: _____

Second Name: _____ Phone: _____ Relationship: _____

Name of Physician _____ Phone: _____

Hospital Preference: _____

Does your child have any physical, mental, or emotional concerns that we need to be aware of? If yes, explain.

Is your child allergic to any food or medicines? No Yes If yes, what: _____

Does this child have any special needs? No Yes If yes, what: _____

Does this child have difficulties with any of the following? (If so, please explain):

Asthma ADD Autism Hyperactivity Eyesight Reading Writing Speaking Hearing

Other notes: _____

Please list any medications your child is taking: _____

I have read and completed the above information and certify that I have disclosed all medical information regarding my child.

Signature _____ Date _____
Parent/Guardian