

Class (Day/Time) Selection Form for 2017/2018

Our Lady Star of the Sea Parish Faith Formation Program

Please fill out your child's First and Last name and indicate with a check mark the session you wish your enroll your child for.

Child's Name: _____

Wednesday 4:30-5:30 p.m. _____

Wednesday 6:00-7:00 p.m. _____

Please fill out your child's First and Last name and indicate with a check mark the session you wish your enroll your child for.

Child's Name: _____

Wednesday 4:30-5:30 p.m. _____

Wednesday 6:00-7:00 p.m. _____

Please fill out your child's First and Last name and indicate with a check mark the session you wish your enroll your child for.

Child's Name: _____

Wednesday 4:30-5:30 p.m. _____

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Please fill out your child's First and Last name and indicate with a check mark the session you wish your enroll your child for.

Child's Name: _____

Wednesday 4:30-5:30 p.m. _____

Wednesday 6:00-7:00 p.m. _____

**Medical Information/Learning Challenges/Disabilities and
Emergency Contact Information
Our Lady Star of the Sea Faith Formation Program
2017/2018 School Year**

Medical Information

CHILD'S NAME	Chronic ILLNESS	LEARNING DISABILITIES (Be Specific)	ALLERGIES	DAILY MEDICATION

Please note: The staff and/or volunteers of the Faith Formation program do not dispense pills such as aspirin or Benadryl etc. Additionally the Staff and volunteers do not administer any shots such as insulin or an epi pen, etc. If you feel you child needs these health items during Class time, one of the parents will need to be present to administer them. Please contact the Director of Faith Formation for the Volunteer paperwork.

Additional Information we should be aware of: _____

Alternate Local Emergency Contact person: _____
Name

Telephone Number and local address of emergency contact: _____

As a parent and/or guardian, I authorize the treatment of my minor child/children by a qualified and licensed medical doctor in the event of a medical emergency, which, in the opinion of the attending physician may endanger his or her life, cause physical disability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to reach me.

Signature of Parent or Legal Guardian Date

**Authorization for Pick-Up Form
2017/2018 School Year
Our Lady Star of the Sea Faith Formation Program**

All students are required to be signed out of the Faith Formation Program by an authorized adult. You may list all of your children on this form.

Print child/children's names:

List any adult that you allow to pick your child up from their classroom at the 2017/2018 Faith Formation Program. If an adult arrives to pick up your child/children and is not on your list, they will NOT be allowed to take your child.

Please print all adult names, their relationship to your child and a contact number for the adult.

Adult Name	Relationship	Phone Number
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Parent Signature: _____ Date: _____

Child Photography Release Form 2017/2018 Faith Formation School Year at

Our Lady Star of the Sea Parish

Pursuant to the law, and with respect for family privacy and safety concerns, Our Lady Star of the Sea Church in Ponte Vedra Beach, Florida will not release any photograph without prior written consent from you as the parent or guardian.

Please check **ONE** of the following choices, then list your child/children attending Faith Formation, sign and return this form to the Faith Formation Office along with your other Enrollment Forms for the 2017/2018 Faith Formation School Year.

_____ I/We **GRANT** permission for the photo/image that includes out child/children without any personal identifier (no name, no age or grade, no address, just as a member of this church) to be published on the church's or diocese's public internet site, in publications of the church or diocese, and/or in other media that may publicize church events.

OR

_____ I/We **DO NOT GRANT** permission for the photo/image that includes out child/children without any personal identifier (no name, no age or grade, no address, just as a member of this church) to be published on the church's or diocese's public internet site, in publications of the church or diocese, and/or in other media that may publicize church events.

Print child/children's names:

_____	_____
_____	_____
_____	_____
_____	_____

Print Parent/Guardian Name:

Parent/Guardian Signature:

Date: _____