



Saint Olaf Catholic Church Faith Formation Registration Form

Family Last Name: _____ Mother's Name: _____

Address: _____ Street _____ Mother's Cell: _____

City _____ Zip Code _____ Father's Name: _____

Primary Phone #: _____ Father's Cell: _____

Email: _____

In emergency, if parents can't be reached:

Name	Relationship				Phone#
	Child #1	Child #2	Child #3	Child #4	
First Name					
Last Name					
Gender	M F	M F	M F	M F	
Grade	K 1 2 3 4 5 6 7 8	K 1 2 3 4 5 6 7 8	K 1 2 3 4 5 6 7 8	K 1 2 3 4 5 6 7 8	
Date of Birth					
Allergies, medical, learning, physical, or behavioral conditions					

Child lives with: both parents: _____ mother: _____ father: _____ other: _____ **Please complete reverse side**

PUBLICITY RELEASES/PHOTOS

I authorize Saint Olaf Catholic Church to use and publish the photographs and/or videotapes for which my child/ren has/have posed, and/or audio recordings made of his/her voice. I agree that Saint Olaf Parish may use such photographs of my child/ren with or without his/her name and for any lawful purpose, including for example such purposes as publicity, illustration, bulletin, Web content, and social media.

Parent Signature: _____ Date: _____

MEDICAL RELEASE:

I hereby indemnify the staff and volunteers Saint Olaf Catholic Church in Bountiful, Utah, from any and all liability arising from any claims of any kind or nature whatsoever, from my child/children's participation in this program. I grant permission for the administration of first aid by staff and/or volunteers of Saint Olaf Catholic Church Faith Formation Program as their judgment deems necessary and/or to seek qualified medical care; including emergency medical care.

Parent Signature: _____

Print Parent Name: _____ Date: _____

CIRCLE OF GRACE

Diocesan Circle of Grace Training: The Salt Lake Diocese requires that parish Faith Formation programs offer an age appropriate program that will help guide, teach and reinforce the Catholic teachings on relationships, love and respecting the value of human life. As the parent(s) I understand the program is implemented into the regular curriculum. I allow my child to participate in these classes.

Signature of parent or guardian: _____ Date: _____

Check if decline: _____

OFFICE USE ONLY

Amount Due: _____

Amount Paid: _____

Date Paid: _____

Cash: _____

Check num.: _____

Balance Due: _____

Registered in Saint Olaf Church? Yes No

Office Notes: _____
