

**All Souls Catholic Church
Faith Formation Registration Form
301 W. 8th Street, Sanford, FL 32771**

Office Use Only:

Check # _____ Cash _____

Amount: _____ CC _____

1 Child \$85, 2 Children \$105, 3+ Children \$115
Year #2, Sacramental Preparation \$50

PLEASE PRINT **Date:** _____

(Por favor imprimir) (Fecha)

All Souls Parishioner YES ___ NO ___ Grade level for **2018-2019**:

Envelope # _____ (Grado) _____

2018-2019

***STUDENT INFORMATION**

Last Name: _____ First: _____ Age: _____
(Apellido) (Nombre) (Edad)

Date of Birth: _____ Circle Grades completed in Faith Formation:
(Grados completados en el catecismo)
(Fecha Nacimiento)

Tuesday Class ___ Wednesday Class ___ PreK ___ K ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___
(Martes) (Miércoles)

Tuesday Class: High School Students and R.C.I.A. Students

Name of Church/Catholic School where completed: _____
(Nombre de la iglesia/escuela donde la completo)

***SACRAMENTS RECEIVED**

Baptism Yes ___ No ___
Date: _____ Church: (Iglesia) _____
(Fecha) (Necesita copia del certificado de bautismo)

PLEASE PROVIDE A COPY OF BAPTISM CERTIFICATE

First Reconciliation Yes ___ No ___
(Primera Reconciliation)
Date: _____ Church: _____
(Fecha) (Iglesia)

First Communion Yes ___ No ___
(Primera Comunión)
Date: _____ Church: _____
(Fecha) (Iglesia)

Confirmation Yes ___ No ___
(Confirmación)
Date: _____ Church: _____
(Fecha) (Iglesia)

***FAMILY INFORMATION**

Family Name: _____ Mother: _____ Father: _____
(Nombre Familia) (Madre) (Padre)

Address: _____ Zip: _____
(Dirección)

Home Phone: _____ Cell Phone: _____
(Teléfono Casa) (Celular)

Email: _____ Parent Signature: _____
(correo electrónico)

Child lives with: Both Parents ___ Mother: ___ Father ___ Other ___
niño vive con: (Madre) (Padre) (Otra)

***PHOTO RELEASE**

I, _____, give All Souls Catholic Church permission to post pictures of my child listed in the parish bulletin, Facebook page, website, newsletters, the Florida Catholic and other printed or electronic media as they relate to activities of the All Souls Faith Formation Program. Only pictures taken at official Faith Formation events will be published.

Doy permiso para que las fotografías de las personas mencionadas a continuación se publicará en la página web y el boletín de la parroquia All Souls Catholic Church y la página web de la diócesis de Orlando. Entiendo que estas fotos pueden ser vistas por más personas en el mundo, pero ninguna información de identificación será mostrada

Parent/Guardian signature: _____ Date: _____

***EMERGENCY MEDICAL INFORMATION**

If a child needs emergency care, we will call 911 and notify parents immediately. There is no medical insurance provided by All Souls Catholic Church or the Diocese of Orlando. Please provide us with emergency contact information:

(Si un niño necesita atención de emergencia, se llame al 911 y notifcarenos a los padres inmediatamente. No existe un seguro médico proporcionado por All Iglesia Católica Almas o de la Diócesis de Orlando .Por favor, nos proporciona información de contacto en casa de emergencia :)

Name: _____

(Nombre)

Relationship: _____

(Madre/Padre/Guardián)

Emergency Phone Contact Number: _____

(teléfono de emergencia)

In the event of an emergency and I cannot be contacted, I hereby authorize the emergency treatment be administered to my child.

(En el caso de una emergencia y no puedo ser contactado , yo autorizo el tratamiento de emergencia sea administrado a mi hijo.)

Parent/Guardian Signature: _____ Date: _____

If your child is being registered for a Sacramental Year, registration must be completed in person.

Please call Jenny Mansingh, DRE 407.322.3795

PLEASE COMPLETE IF PREPARING FOR FIRST COMMUNION OR CONFIRMATION

NOTE: An additional Sacrament Fee of \$50 for First Communion or Confirmation is due in Year #2.

Nota: pago adiconde de \$50 el ano #2, de la

Last Name (Apellido)	First Name (Nombre de pila)	Middle Name (Segundo nombre)
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City of Birth (Ciudad de nacimiento)	State (Estado)	Country (país)	Date of Birth (fecha de nacimiento)	Age (edad)
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Church of Baptism (iglesia de bautismo)	City (Ciudad)	State (Estado)	Country (pais)	Date of Baptism (Fecha de bautismo)
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Father's FULL Name
(nombre del Padre)

Mother's FULL Name (include Maiden Name)
(nombre de la Madre)

IN ORDER FOR YOUR CHILD TO BE ACCEPTED INTO THE CONFIRMATION PROGRAM THIS REGISTRATION MUST BE ACCOMPANIED BY YOUR CHILD'S BAPTISM CERTIFICATE AND PROOF OF RECEPTION OF FIRST HOLY COMMUNION.

(Para que su hijo sea aceptado en el programa DE CONFIRMACION este registro deberá estar acompañado por el certificado de Bautismo y certificado de Primera Comunión de su hijo.)

If you would like to volunteer to become a catechist, please contact Jenny Mansingh, Director of Faith Formation at the parish office: 407.322.3795. All volunteers must be fingerprinted and have a background check, as well as complete the Safe Environment Training online video program through the Diocese of Orlando. All volunteers must be active Catholics who come to Mass regularly, are reliable and want to share their faith with the children of our parish. Your service in our parish is very much appreciated!