

Saint Sharbel Mission

2016-2017 SUNDAY SCHOOL

REGISTRATION FORM

One form per child

OFFICE USE ONLY	
Date received: _____	Initials: _____
Payment received? Yes / No	Amount _____
Cash _____	Check #: _____

Family Last Name: _____		Parish Registration: Yes / No		Parish ID # _____	
Address: Street _____		City: _____		State: _____ Zipcode: _____	
Home Phone _____		Email _____		(Class assignments and ALL important notifications will be emailed to this address)	
Mother's Name _____		Mother's Maiden Name _____			
Mother's Work # _____		Cell # _____			
Father's Name _____		Father's Work # _____			
Cell # _____					
Emergency Contact (during class time <u>other than a parent</u>)					
Name: _____		Relationship to Child: _____			
Home Phone: _____		Cell Phone _____			

Child Name			
Place & Date of Birth		Age	
Grade in School		Does he attend a Catholic School : YES NO	
Place & Date of baptism			
Please Circle	Sacraments my child has received:		
	Baptism	Confirmation	1st Communion
			Reconciliation
Is The Child planning to receive his/her First Communion this year? (Please Circle) Yes / No			
If Child is planning to receive his/her First Communion a Copy of his/her Baptismal certificate if it's not in the church baptismal register must be submitted			
Learning challenges, social concerns, medications, allergies or other information :			

Registration Fees	Kindergarten : \$15 /CHILD	1st-3rd Grades: \$15 /CHILD	4th-5th Grade: \$15/CHILD	1st Communion \$25 /CHILD
<i>(To cover the expenses of the materials. Books are sold separate)</i>				
PAYMENTS: Cash & Checks are accepted. <u>Checks must be made to: St Sharbel Mission</u>				

PLEASE TURN OVER TO COMPLETE OTHER SIDE OF REGISTRATION.

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IMPORTANT INFORMATION:

In an emergency, and if a parent cannot be contacted, you have my permission to contact the following person to help make decisions regarding the care for my child:

Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____

I hereby consent and authorize Father Elias KHALIL or his designated representative, to obtain and provide for my son/daughter any and all medical care or treatment which might become necessary, until either parent or the emergency contact person can be reached.

I further expressly release and waive Father Elias KHALIL, his designated representative, and St. Sharbel Mission, and the Eparchy of St. Maron of Brooklyn, from any liability, action, claim, cause of action which I might otherwise have in the event of illness or injury during the period that my son/daughter is attending the Sunday School.

Parent Signature: _____ Date: _____

PHOTO RELEASE (Please circle appropriate information below)

AUDIO VISUAL TAPING AND PHOTOGRAPHY CONSENT: On occasion, videotape, audio tape, slides, and photographs are taken of children and youth during church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, advertisements and other printed media.

I / We consent / do not consent (circle one) to the use of such materials in which I may appear. I release the staff and volunteers of St. Sharbel Mission and the Eparchy of St Maron of Brooklyn, NY from any liability connected with the use of my child's picture or voice recording as part of any of the above or similar activities.

Parent Signature: _____ Date: _____

Please check if you would like to learn more about becoming a Sunday School Teacher

- ◆ Should you be placed as a teacher, would you like your child to be placed in your class: Yes / No

Please make checks payable to St Sharbel Mission and mail registration form and payment to the following address:

Saint Sharbel Mission
P.O.BOX 33801
Raleigh, NC 27636

or hand it by hand to Mrs. Marsha Shiver.