

Saint Edward Children's Faith Formation Registration for Ages 3 to 5th Grade 2022-2023

Family Last Name _____

Address _____ City/Zip _____

Father (First/Last) _____ Cell Phone _____

Mother (First/Last) _____ Cell Phone _____

Family E-Mail: _____

(Please write legibly)

PRESCHOOL/KINDERGARTEN Classes meet on Sunday during 10:30 Mass and finish at end of mass.

| Child's First & Last Name | Baptized Yes/No? | 3 Years Old as of 9/1/22 | 4 Years Old as of 9/1/22 | Kindergarten As of 9/1/22 | Birth Date | Fees* |
|---------------------------|---------------------|-----------------------------|-----------------------------|------------------------------|------------|-------|
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GRADES 1-5 Classes meet on Sunday from 9:00 to 10:10 a.m. between the 815 and 10:30 masses.

| Child's First & Last Name | Baptized Yes/No? | Grade 9/1/22 | Birth Date | Sacrament(s) I want my child enrolled in: | Fees* |
|---------------------------|---------------------|-----------------|------------|--|-------|
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Are there any sacraments that you would like to complete: _____

***Fees:**

- \$40 per child in non-Sacramental Year.
- \$60 per child for Sacramental Year; Baptism, Reconciliation and First Communion. Reconciliation and First Communion is a two-year program with the first year being a nonsacramental year, and the second year as a sacramental year.
- Attendance and participation of the family is very important before receiving any of the sacraments.
- The maximum fee per family is \$110. All fees are due by Dec 31st and payments can be made in person or online at the parish website.
- Financial assistance is available by volunteer hours, one hour is equivalent to \$10 of fees.
- Contact Joyce Wurdinger for more information. 503-393-5323 ext. 311 or joyce.wurdinger@sainteds.com

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| Please bring forms and fees to: Saint Edward Church Office 5303 River Rd. N Keizer, OR 97303 | For payments made online please write down the date of the payment: _____ | Total Fees Due _____ Amount Enclosed _____ Date Received _____ Received by: _____ |
|---|---|--|

(Please complete both sides of this form)

MEDICAL INFORMATION: Please list any physical and/or medical needs -

Child: _____ Date of Birth _____

Allergies/Health Concerns: _____

Child: _____ Date of Birth _____

Allergies/Health Concerns: _____

Child: _____ Date of Birth _____

Allergies/Health Concerns: _____

EMERGENCY CONTACT: If parent is unavailable -

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

PERMISSION FORM:

To attend St Edward Parish

I give permission for my child/children to participate in the St. Edward Parish Children’s Faith Formation Program. I do hereby release, hold harmless and covenant not to sue the Archdiocese of Portland, St. Edward Church, and all employees and volunteers involved in this program. Nor shall said persons be held financially responsible for any injury, illness, or death incurred as a direct result of this activity. I recognize the risks involved, understand all terms, and consent to these conditions. I remain fully liable for any legal responsibilities which may result from actions taken by my child. In the event of an emergency, and I cannot be contacted, I hereby authorize emergency treatment to be administered.

Parent Signature: _____ Date: _____

Use of Photograph Form

I hereby give St. Edward Catholic Church permission to use a photograph of the minor(s) (persons under the age of 18) listed on the reverse side of this form on its website. I understand that there will be no identifying information (e.g., name, age, etc.) about the minor(s) on this website. This permission for web page photographic display of a minor will be in effect annually from September 2022 until September 2023 unless this permission is revoked by written notice to St. Edward Catholic Church.

Parent Signature: _____ Date: _____