

# 2020 – 2021 FAITH FORMATION REGISTRATION

St. Patrick's Catholic Church

Contact Person: Sandi Schiaffo, DRE     [ccdstpats340@gmail.com](mailto:ccdstpats340@gmail.com)     308-432-2626

Pre-K – 6<sup>th</sup> 5:30-6:30 pm

7<sup>th</sup> – 11<sup>th</sup> 7:00-8:00

Last Name:	Email:		
Mother's Name:	Work or Cell Phone:		
Father's Name:	Work or Cell Phone:		
Address:	Home Phone:		
Emergency Contacts (if parents can't be reached)			
Name:	Phone:		
Name:	Phone:		
Student Name:	D.O.B.	Grade:	Health Concerns:

**Fees: \$35 per youth – Maximum fee \$105.00**

**Registrations Due by September 1st!**

**Emergency Release:** I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in this program and that I will be notified as soon as possible in the event of an emergency. In the case of illness or accident, I authorize and consent the associated staff or volunteers of the program to take whatever action is deemed necessary including medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. **Liability Release:** I hereby do release and forever discharge this Diocese and Parish from all manners of actions, claims which I or the child(ren) named above shall may have for any reason, arising during my child's attendance of this program. **Publication Release:** Unless other written instructions are submitted, I also consent to allowing my child's image to be recorded, either by photograph or video used during or after the program for publishing in the Parish bulletin, or the West Nebraska Register or for future advertisement of Parish programs.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_