

ST. JOHN THE EVANGELIST CHURCH - FAITH FORMATION OFFICE
55 Martha St., Spencerport, N.Y. 14559 (585) 352-5481 stjohnc@dor.org

Last Name of Family _____ Contact Phone # _____ E-Mail _____

Address _____ (Street) _____ (City) _____ (Zip Code)

Father's Name _____ (First, Last) Email _____ Cell # _____ Religion _____

Mother's Name _____ (First, Maiden, Last) Email _____ Cell # _____ Religion _____

Emergency Contact (Name, Number) _____

Child's First Name (List last name if different)	M /F	Date of Birth	Grade En- tering in Sept. 2018	Check Your Preference		Individual's Information (ie. Allergies, Special Needs, etc.)
				Sunday (12:30-1:45)	Monday (6:30-7:45)	

** Make Checks Payable to: St. John the Evangelist Church

(Office Use Only)

Amt. Pd. \$ _____ Amt. Due \$ _____ Ck. No. _____ Ck. Date _____ Cash _____ Reg. Date _____

Child's First & Middle Name _____ Birth City/State _____ Church of Baptism _____

Sacrament History: 1st Penance Y / N 1st Communion Y / N Confirmation Y / N

Religious Education History (if other than St. John): Parish _____ Grades Completed _____

For sacraments or religious education received outside of this parish, please submit sacrament certificates or letter from participating parish with sacrament dates and/or religious education grades completed. Please list any health, physical, or educational needs your child may have:

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HEALTH INSURANCE INFORMATION

Health Insurance Company _____ Policy No. _____

Family Physician/Clinic _____ Phone _____

In signing this health form, I hereby certify that the above information is correct and give permission for my child to be transported by ambulance for medical emergency purposes only, and for the release of medical records to an attending physician in case of illness.

In case of medication emergency, I understand that every effort will be made to contact the parents or guardian. In the event that I cannot be reached, I hereby give permission to the physician selected to secure proper treatment for my child named herein.

Signature of Parent/Guardian _____ Date _____

* * * * *

PHOTO RELEASE

St. John the Evangelist Church (please check one below):

_____ has permission to photograph my child/children during 2018-2019 Faith Formation classes, in order to share photos with our parish community through the church bulletin, newsletter, website, and display boards, etc.

_____ does NOT have permission to photograph my child/children during 2018-2019 Faith Formation classes, activities and events.

Signature of Parent/Guardian _____ Date _____

2018-2019 Family / Church Commitment Form

Faith Formation Program and Sacramental Preparation Program

Roman Catholic Faith Formation recognizes parents as the primary educators of their children. When parents make the choice of enrolling their children in our parish's Faith Formation program, they enter a partnership in the education and faith formation of their children. This partnership becomes most effective when the formal Faith Formation that takes place at the parish is reinforced and witnessed at home. The Catholic values espoused in our Faith Formation ministry must be actively lived out in the home.

This form represents the formal expression of the intent of parents and the parish to join in active partnership in the Faith Formation of their children.

Parents as primary catechists commit to:

1. **Formal registration in St. John the Evangelist Church**
(If not registered, please contact our parish office at 352-5481.)
2. **Weekly Mass Attendance.**
Participation in the Faith Formation Program does not replace Sunday Mass.
3. **Participation in adult portions of respective programs**
(e.g. adult GIFT sessions; Sacramental Preparation Retreats; Family Fun Events, etc.)
4. **Spiritual, personal, and financial support of St. John the Evangelist Church.**

In turn, St. John the Evangelist Church commits to the spiritual support of all its families in the Faith Formation of their children through the G.I.F.T. program, 9:30 a.m. Sunday Mass Children's Liturgy of the Word, and St. John the Evangelist Church Sacramental Preparation programs for First Reconciliation, First Holy Communion, and Confirmation. Children wishing to enroll in any Sacramental Preparation program must demonstrate at least two consecutive years of attendance in a Faith Formation program or Catholic School.

It is understood that the vast majority of St. John the Evangelist Church parish families are already meeting and/or exceeding the above expectations.

The completion of this form serves as an affirmation of that commitment and participation in parish life.

Parent's Name(s) _____

Telephone _____ Email _____

Address _____

(please complete reverse side)

Children registering in 2018-2019 Faith Formation / Sacramental Preparation

Children's First Names

School

Grade Entering in Sept. 2018

Interested in preparing for a Sacrament this year? Which?

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family Commitment



I/We understand that our role as primary educator calls us to be active in the life of St. John the Evangelist Church. This involves formal registration in the parish, weekly attendance at Mass, and financial support to the extent that family circumstances allow:

Parent or Guardian _____ Date _____

Signature _____



Parish Commitment

This family is registered as members of St. John the Evangelist Church and will be supported in their desire for their children to participate in St. John Church's Faith Formation program.

Pastor or Delegate _____ Date _____