

# Sacred Heart-St. Louis Faith Formation

## Grades K-8 2010-2011

"...I urge you to live in a manner worthy of the call you have received." Eph. 4:1

Parent or Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_ PO Box \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

<u>Child's Name</u>	<u>Grade</u>	<u>Birthdate</u>	<u>Baptized/date</u>	<u>Sacraments needed?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Allergies: \_\_\_\_\_

I authorize the Archdiocese of Portland and its representatives to use their judgement in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation. I also hereby authorize the use of any pictures taken of my child/ren participating in parish activities in Sacred Heart-St. Louis Church (Gervais, OR) parish publications (posters, bulletin, newsletter, website).

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date

**Office Use Only:**

Pmt amt & date: \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_

Received by: \_\_\_\_\_

Baptismal Certificate Rec'd: \_\_\_\_\_

Parish ID # \_\_\_\_\_

**Office Use Only:**

Called to Protect Program

Letter Sent: \_\_\_\_\_

Parent Session: \_\_\_\_\_

Children's Session: \_\_\_\_\_

Opt Out: \_\_\_\_\_