



Church • School • Preschool

Faith Formation & Sacramental Preparation

Registration for Students in Grades K - 12

Please register my child for (check all that apply): Faith Formation, Grades K-5 1st Reconciliation/Eucharist
 Middle School Youth Ministry, Grades 6-8 High School Youth Ministry, Grades 9-12 Confirmation

Student's Full Name _____ (Please print legibly.)

Date of Birth _____ City/State of Birth _____ Age _____ Baptized at St. Clare? _____
Grade _____ If no, see gray box below.

Father's Full Name _____ School _____

Mother's Full Name _____ Mother's Maiden Name _____

Home Address _____

Parent Phone Number _____ Parent Email Address _____

Please complete the Emergency Information for Youth on the reverse side of this form.

1st Reconciliation/Eucharist or Confirmation Students: IF your child was NOT baptized at St. Clare Parish, a copy of your child's baptismal certificate is REQUIRED. Please forward the copy to the parish office as soon as possible.

Materials Fee: \$50.00 for K-5th Grade Students; \$75.00 for 6-12th Grade students; tuition assistance available. Checks payable to St. Clare Parish.

Permission for Photograph Video Display of a Minor (under the age of 18):

I hereby give St. Clare Parish permission to use a photograph or video clip (Including audio) of the minor listed above in its website, as well as in printed information used during the year. I understand that there will be no identifying information (name, age, etc.) about the minor accompanying the photograph or video clip on the website or other printed material. I also waive any right to compensation for the use of photographs or video clips (including audio).

This permission for photographic display of a minor will be in effect annually from July 1, 2018, until June 30, 2019, unless this permission is revoked by written notice to St. Clare Parish.

Parent/Guardian: _____
(signature) (print) (date)

For more information or questions, please contact Deacon Bill McNamara at 503.244.1037, x104 or dcnbill@saintclarechurch.org.

Office Use Only:

Payment Rcvd by _____ Date _____ Amount \$ _____ Check # _____

Baptismal Certificate Rcvd if applicable _____ Date Recorded in Register _____ by _____



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Emergency Information for Youth

Student's Name: _____

Student lives with: _____

Family Physician: _____ Phone: _____

Medical Insurance Name: _____

Policy #: _____ Group or identification Number: _____

Allergies (food, drugs, insects, etc.): _____

Is the student currently on any medication? Yes No

If yes, please state:

Name(s): _____ Dosage: _____

Reason for medication: _____

Please Note: Any injuries, recent surgery, prolonged illness, current medication, corrective lenses, special health problem or other issues requiring special attention that would help emergency personnel to provide appropriate care for your child.

Persons to Notify in Case of an Emergency:

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Please read the following statement and sign below:

I authorize the Archdiocese of Portland and its representatives to use their judgment 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.

Signature (parent/guardian)

Date