



Registration 2022-2023

Registration For Family Formation

2200 W. Elm St. Lima, OH 45805 + (419) 228-7635 + kearnsm@stcharleslima.org

*Please sign and date this form and return it to the Parish Office (an after hour drop box is available).
You could also place your registration in the Sunday offertory.*

One Form Per Child

CHILD

LAST NAME _____ FIRST _____ MIDDLE _____

SEX ____ BIRTHDATE _____ SCHOOL _____ GRADE _____

SACRAMENTS RECEIVED	YES	NO	CHURCH	CITY, STATE
Baptism	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Holy Communion	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

LIABILITY WAIVER

(To be filled out by a Parent/Guardian of youth under 18 years of age. If the participant is 18 or older, consent must be signed by the individual.)

I agree on behalf of myself, my child's other parent if known or living (**Name of Parent**) _____, my child named herein, our heirs, successors, and assigns, to release and hold harmless and defend the Diocese of Toledo, St. Charles Borromeo (its pastors, youth minister, principal, other agents, etc.) or any representatives associated with any ongoing scheduled activities from all damages, claims, suits, expenses and payments for injury to my child and/or property, including all damages, claims, suits, expenses and payments resulting from the negligence of the Diocese of Toledo, St. Charles Borromeo Catholic Church, and/or their officers, directors and employees.

NAME (PRINT) _____ **SIGNATURE** _____ **DATE** _____

PHOTOGRAPHY CONSENT

As the parent/guardian, I understand that photos and videos (individual and group) will be taken during youth group events, and I give permission for my son's/daughter's picture to be used for printed or online promotional materials.

NAME (PRINT) _____ **SIGNATURE** _____ **DATE** _____

Health information and special needs –All information will be held in strict confidence.

Doctor's Name _____ Phone Number _____

Insurance Co. Name _____ Medical insurance ID # _____

Cardholders Name _____ Group Number _____

Participant allergies, if any, including medications & foods _____

Participant chronic medical problems (e.g. diabetes, epilepsy) _____

Participants other physical restrictions (if any) _____

Registered St. Charles Borromeo Parishioner Not registered in any parish

Registered in another Parish (specify) _____

Mail should be addressed to: Both Parents Only Mother Only Father

(We will communicate via email whenever possible.) Other (specify) _____

FATHER

Last Name _____ First Name _____ Cell Phone _____

Address _____ City _____ State _____

Zip _____ Home Phone _____ Occupation _____

Email _____

MOTHER

Last Name _____ First Name _____ Cell Phone _____

Address _____ City _____ State _____

Zip _____ Home Phone _____ Occupation _____

Email _____

IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT IF WE ARE UNABLE TO REACH A PARENT/GUARDIAN

1. Name _____ Relationship _____
Contact Number _____
2. Name _____ Relationship _____
Contact Number _____

Our children need your help!

Count Me In!

1. Special Event Volunteer
2. Substitute Catechist or Assistant Catechist
3. Liturgy of the Word Volunteer
4. Set-up/clean-up Volunteer
5. Volunteer to help make or serve meals

Family Formation Enrollment Cost: Number of Children _____ x \$70.00 = \$ _____

Request Scholarship: Partial Amount \$ _____ Full

Explain: _____

Parent/guardian Signature _____ Date _____