



**Registration 2024-2025**

**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.*

*You can register online at [www.stcharleslima.org](http://www.stcharleslima.org)*

**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. Set-up/clean-up Volunteer
4. Volunteer to pick up donuts on Saturday

Family Formation Enrollment Cost: Number of Children \_\_\_\_\_ X \$70.00 = \$ \_\_\_\_\_

Request Scholarship: Partial  Amount \$ \_\_\_\_\_ Full

Explain: \_\_\_\_\_

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_