

**6-8**  
2024-25

## Faith Formation Registration Grades 6-8

St. Junipero Serra Parish—Office of Faith Formation

80 Hayes Rd., South Windsor, CT 06074

phone: 860-644-2549 email: FaithFormation@sjs-sw.org website: www.SaintJuniperoSerra.org

**\*Please print clearly and fill out everything.**

Family \ Household Last Name \_\_\_\_\_ Child(ren) Last name if different \_\_\_\_\_

Father's first name \_\_\_\_\_ Religion \_\_\_\_\_ Cell # \_\_\_\_\_ Email address (please print clearly) \_\_\_\_\_

Mother's MAIDEN First name \_\_\_\_\_ Religion \_\_\_\_\_ Cell # \_\_\_\_\_ Email address (please print clearly) \_\_\_\_\_

Mailing address Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**Parent Information:** Marital Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Remarried \_\_\_ Widowed \_\_\_

Emergency Contact \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

1. Child's Name: \_\_\_\_\_ M/F: \_\_\_\_\_

Grade: \_\_\_ DOB: \_\_\_\_\_ Allergies/Health Problems/Concerns: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_ M/F: \_\_\_\_\_

Grade: \_\_\_ DOB: \_\_\_\_\_ Allergies/Health Problems/Concerns: \_\_\_\_\_

3. Child's Name: \_\_\_\_\_ M/F: \_\_\_\_\_

Grade: \_\_\_ DOB: \_\_\_\_\_ Allergies/Health Problems/Concerns: \_\_\_\_\_

**Gr. 6<sup>th</sup>- 8<sup>th</sup> grade classes, Registration Fee,**  
**if you attend** our Registration Night June 4, 2024 - **\$65**

**Gr. 6<sup>th</sup> - 8<sup>th</sup> grade classes, Registration Fee**  
**if you do NOT attend** our Registration Night - **\$75**

**Baptismal Certificates are required of new students.**

\*Please indicate your child's place of Baptism below

**St. Francis of Assisi** \_\_\_\_\_ **or St. Margaret Mary** \_\_\_\_\_ (we should have these certificates on file)

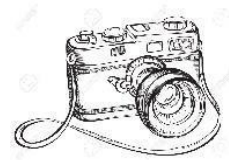


**Other Parish** \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

**Photo Permission:**

If I give permission for my child(ren) to be **photographed** by St. Junipero Serra Parish I understand that the photos may be used to publicize parish activities. They may appear on the parish website and other parish social media. Names of individuals will not be posted alongside photos.



**Yes, I give permission** for my child to be photographed \_\_\_\_\_

**No, I do NOT give permission** for my child to be photographed \_\_\_\_\_

**The Teen Lures Prevention Program ‘Think First & Stay Safe’ Permission**

As required by the Archdiocese of Hartford, to be presented every year, will be presented to all families at one of our scheduled sessions. Please verify by initiating the statements below.

\_\_\_ **I acknowledge the Safe Environment Program is being offered during 2024/25 CCD year.**

\_\_\_ my child **has permission** to participate in the safe Environment program class

\_\_\_ It is my choice that our family **NOT** participate in the **Safe Environment program.** (This means you are opting out and your child will not attend the Child Lures program)

\* If you have chosen to opt out of the program, please **fill out the OPT out FORM** - materials from the parish will be provided to you to use to instruct your child(ren) on the topic.

Name of Parent or Guardian (please print clearly) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent Permissions for Correspondence with Minors through Internet**

According to the Office of Safe Environment in the Archdiocese of Hartford \* Parents shall designate the emails of the minors that can be used for correspondence with any parish email or parish social media platform and sign permission for that at the beginning of the year. They may also request that only a parent’s email or parent’s social media account be used.

If you would like to give permission for your child to use anything below, please initialize after each and give full signature below. If you would like us to send invites directly to your child as well, please provide their email.

- Ascension Press videos and eBook
- Turn in work and correspond by email with the teacher
- Google Classrooms -**we will use this platform to communicate assignments** (must be Gmail)
- Zoom Invitation - **we will use when classes are remote**

Child’s Email address: \_\_\_\_\_ or email to be used \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_

Today’s date _____	Total Due _____	AMT Received _____	Cash _____	Check number _____	Venmo _____
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