

# G.I.F.T.

## 2017-2018 GROWING IN FAITH TOGETHER REGISTRATION

### BELLARMINE CHAPEL SUNDAY MORNING FAITH FORMATION PROGRAM

CHILD'S NAME \_\_\_\_\_  
first last (nickname or name commonly used)

NAMES OF SIBLINGS IN PROGRAM \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PARISH \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_

FATHER \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
name cell

MOTHER \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
name cell

ADDRESS \_\_\_\_\_  
street city/state zip

FAMILY HOME PHONE \_\_\_\_\_

WHAT IS THE BEST WAY TO CONTACT YOU? \_\_\_\_\_

EITHER PARENT'S ADDRESS/HOME PHONE IF DIFFERENT THAN CHILD'S:  
\_\_\_\_\_

Please check sacraments received:

\_\_\_ Baptism \_\_\_ Eucharist \_\_\_ Reconciliation \_\_\_ Confirmation

**PLEASE** let us know if there is anything about your child that we should be aware of and that will help us teach him/her more effectively. Be sure to include any fears or concerns your child has:

Condition	NO	YES	EXPLAIN
Food or other allergy			
Medical condition			
Learning disability			
Other			

Would you be willing to be a class parent? (Help occasionally in class, make phone calls, etc.?)

yes \_\_\_\_\_ no \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note: for the PreK/Kdg. classes on Sunday morning, space will be limited. Priority registration will be given to children with siblings in Grades 1-6 and children of catechists. Registration forms are due in by September 1, 2017.**

Dear Parents/Guardians,

Please indicate below who will normally be picking up your child from the Sunday Morning (GIFT) Program and include a telephone number for that person.

Please also include names and numbers of other people who have permission to pick up your child.

CHILD'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME OF PERSON WHO WILL MOST OFTEN BE PICKING UP YOUR CHILD:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

OTHER PEOPLE WHO HAVE PERMISSION TO PICK UP YOUR CHILD:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

If there is anyone specific to whom your child cannot be released, please disclose that information, with a description or picture included with this form. In cases of custody dispute, a copy of the court order is requested.

**Your child will not be released to persons other than those mentioned on this list unless an updated list is provided with a signature. Persons picking up your child may be asked to have proof of ID with them if the teacher does not recognize them.**

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*Fee: \$100.00 for children of families registered at Bellarmine Chapel,  
(\$130.00 for students from other parishes).**

**Multiple child discount: 2<sup>nd</sup> child: \$75.00; 3<sup>rd</sup> child \$50.00; 4<sup>th</sup> child free.  
(Maximum of \$225 for Bellarmine families)**

**Make checks payable to Bellarmine Chapel. (If fee is a hardship, please contact Jane.)  
Mail to: Jane Myers, Bellarmine Chapel 3800 Victory Parkway Cincinnati, OH 45207-2211**

**Total \$ \_\_\_\_\_ Check # \_\_\_\_\_**