

Divine Mercy Parish/St. Mary's (circle one)
2437 Niagara St., Niagara Falls, NY 14303
Children's' Faith Formation

*For Office Use Only
notes:
*Cash: _____ Check No. _____
Amt. Rec. _____

Baptismal Certificate(s) Yes (on file) /No

Please Print:

Mother's Name: _____

Cell Phone # _____

Maiden Name _____

Home Phone # _____

Email: _____

Father's name: _____

Cell Phone # _____

Home Phone # _____

Email: _____

Legal Guardian: _____

Cell Phone # _____

Email: _____

Home Phone# _____

Address: _____

City: _____ State: _____

Zip: _____

Are there any custody/legal issues? Yes ___ (If yes, please provide a complete copy of latest court order) No

Emergency Contact (if neither parent or guardian available) : _____

Home Phone # _____ Cell # _____

Doctor's Name: _____

Phone # _____

Hospital: _____

Phone # _____

Medical/Press Release

In the event that the undersigned cannot be reached and in the judgment of Julie Belkota, Director of Faith Formation, or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my (our) child, I (we) hereby request and authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

I give permission for my child(ren)'s picture to be taken as part of the Faith Formation Activities and for such pictures to be used in any promotional materials, in the parish bulletin, or in newspaper articles in relation to events that happen in the parish. This Includes Facebook ,Instagram, and the Divine Mercy Or St. Marys' Parish websites.

Release for the 2018-201 Divine Mercy Parish Faith Formation Program.

Parent/Guardian Signature _____

Date _____

We MUST have a copy of your child (children)'s Baptismal Certificate on file

Please Print

Child's Name: First: _____ Middle: _____
Last: _____

Male: _____ Female: _____ Place/Date of Birth _____
Grade and School _____

Medical conditions, Allergies, Special Needs _____

Baptism Date and Parish _____
Name of Godparents _____

1st Penance Date and Parish _____
1st Communion Date and Parish _____

Child's Name: First _____ Middle: _____
Last: _____

Male: _____ Female: _____ Place/Date of Birth _____
Grade and School _____

Medical conditions, Allergies, Special Needs _____

Baptism Date and Parish _____
Name of Godparents _____

1st Penance Date and Parish _____
1st Communion Date and Parish _____

Child's Name: First _____ Middle: _____
Last: _____

Male: _____ Female: _____ Place/Date of Birth _____
Grade and School _____

Medical conditions, Allergies, Special Needs _____

Baptism Date and Parish _____
Name of Godparents _____

1st Penance Date and Parish _____
1st Communion Date and Parish _____