



G.I.F.T. Night

Growing In Faith Together

REGISTRATION FORM

If registering adult(s) only complete Section 1. If registering a family complete Section 2.

ADULT REGISTRATION INFORMATION

Name(s) _____

Address _____

Primary Phone _____ Additional Phone _____

Primary Email _____ (Communication will be sent to cell or email via Flocknotes.)

Interest: Attend Study Serve as: Adult Group Leader YDisciple Mentor
 Elementary Faith Formation Catechist Other _____

FAMILY REGISTRATION INFORMATION

Father's Name _____ Father's Cell _____

Mother's Name _____ Mother's Cell _____

Address _____

Primary Email _____ Primary Phone _____

Communication will be sent to cell or email via Flocknotes.

ADULT AND YOUNG ADULT PARTICIPANTS (post High School)

Name _____

Interest: Attend Study Serve as: Adult Group Leader YDisciple Mentor
 Elementary Faith Formation Catechist Other _____

Name _____

Interest: Attend Study Serve as: Adult Group Leader YDisciple Mentor
 Elementary Faith Formation Catechist Other _____

Name _____

Interest: Attend Study Serve as: Adult Group Leader YDisciple Mentor
 Elementary Faith Formation Catechist Other _____

Name _____

Interest: Attend Study Serve as: Adult Group Leader YDisciple Mentor
 Elementary Faith Formation Catechist Other _____

SECTION 1

SECTION 2

YDISCIPLINE PARTICIPANTS – Grades 6-12

Name _____ DOB __/__/____ Grade in Fall 2018 _____

Please list any medical conditions/special needs (food allergies, medical issues, etc.)

List 1-2 adult(s) preferred as a mentor

Name _____ DOB __/__/____ Grade in Fall 2018 _____

Please list any medical conditions/special needs (food allergies, medical issues, etc.)

List 1-2 adult(s) preferred as a mentor

Name _____ DOB __/__/____ Grade in Fall 2018 _____

Please list any medical conditions/special needs (food allergies, medical issues, etc.)

List 1-2 adult(s) preferred as a mentor

ELEMENTARY FAITH FORMATION PARTICIPANTS – Age 3-Grade 5

Name _____ DOB __/__/____ Grade in Fall 2018 _____

Please list any medical conditions/special needs (food allergies, medical issues, etc.)

Name _____ DOB __/__/____ Grade in Fall 2018 _____

Please list any medical conditions/special needs (food allergies, medical issues, etc.)

Name _____ DOB __/__/____ Grade in Fall 2018 _____

Please list any medical conditions/special needs (food allergies, medical issues, etc.)

Permission to Photograph: Photographs of the children may occasionally be taken during Faith Formation classes, family events or special celebrations/masses. I hereby give permission for my son/daughter(s) listed above to be photographed or videotaped at or by the St. Anthony/St. Nicholas Faith Formation programs. I understand that the photos may be published in the bulletin, newsletters, the parish website or any other publication. The video may be used for information or educational purposes regarding the programs and curriculum.

I give my permission _____ **I do NOT give my permission** _____

Parent Signature _____ Date _____