

# REGISTRATION FORM

Greater

Utica Catholic

TEEN FORMATION  
Grades 7-10

**CHECK YOUR PARISH:**

- Historic Old St. John's
- Mary, Mother of Our Savior
- Mt. Carmel/Blessed Sacrament
- Sacred Heart/St. Mary
- St. Anthony/St. Agnes
- St. Joseph/St. Patrick

**I AM REGISTERING FOR:**

- Sunday 12:30 – 1:45P.M. at Notre Dame Jr./Sr. High
- Sunday 12:30 – 1:45P.M. at Mt. Carmel/Blessed Sacrament
- Tues. 6:30-7:45P.M. at Sacred Heart/St. Mary, NYM

**FAMILY INFORMATION**

MOTHER'S NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CHILD/CHILDREN RESIDE WITH: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Grandparent \_\_\_\_\_ Other \_\_\_\_\_

Are there any custody issues staff should be aware of?  Yes  No If yes, briefly describe \_\_\_\_\_

<b>Name of Child:</b>	Prefers to be called:
School: _____ Grade: _____	Date of Birth: _____
Church of Baptism: _____	Date of Baptism: _____
Church of First Reconciliation / First Eucharist: _____	Allergies: _____

<b>Name of Child:</b>	Prefers to be called:
School: _____ Grade: _____	Date of Birth: _____
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Church of First Reconciliation / First Eucharist: _____	Allergies: _____

<b>Name of Child:</b>	Prefers to be called:
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Church of Baptism: _____	Date of Baptism: _____
Church of First Reconciliation / First Eucharist: _____	Allergies: _____

**EMERGENCY CONTACT:** \_\_\_\_\_ Phone # \_\_\_\_\_ **Relationship to student** \_\_\_\_\_  
 (First and Last Name)

Persons other than Parents authorized to pick up child:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Cell phone \_\_\_\_\_

**IMPORTANT INFORMATION FOR CONFIRMATION STUDENTS: If not baptized at the Home Parish you checked, YOU MUST SUBMIT A COPY OF YOUR CHILD’S BAPTISMAL CERTIFICATE WITH THIS REGISTRATION.**

**PHOTO AUTHORIZATION**

Photographs and/or videos of minors are taken periodically for use in parish or diocesan publications and to celebrate your child’s participation and accomplishments. By signing this registration, you are granting permission to Greater Utica Teen Formation, to use photos and videos of your child. If names are used, only your child’s first name will be published. Last names will not be used without contacting you and obtaining your permission. You may limit or disallow this by contacting the Faith Formation Coordinator and providing written notice of what limitations you would prefer.

Please note that the diocese, its parishes, schools and ministries have limited control of the use of photography or film taken by private individuals or the media that may be covering the event in which your child(ren) participate(s).

I confirm that all information provided is correct, and I give photo permission as described above.

Parent/Guardian Signature \_\_\_\_\_

**Registration Fee:**

- \$30 (Grades 7-9)
- \$45 (Grade 10—sacramental prep year)
- \$100 Maximum registration fee per family

**Payment Options:**

1. Check made payable to your parish
2. Cash to your parish
3. Online by credit card (if offered by your parish)

**RETURN COMPLETED REGISTRATION FORM  
 TO YOUR PARISH FAITH FORMATION OFFICE**

<b>For Office Use Only</b>	
Paid: Check ___ Cash ___ CC ___	
Date Paid: _____	Amount: \$ _____
Check # _____	Family Discount Y N