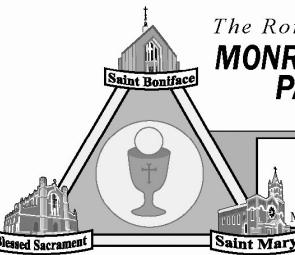


The Roman Catholic Diocese of Rochester
MONROE - CLINTON PARISHES

 <p>Saint Boniface 330 Gregory St. Rochester NY, 14620 585-472-4271 www.catholic-church.org/stboniface Mass: Sat. 8 a.m., 5 p.m. Sun. 8:30 a.m., 10:30 a.m.</p>	<p>Blessed Sacrament 259 Rutgers St. Rochester NY, 14607 585-271-7240 www.blessedsacramentrochester.org Mass times: Sun. 8 a.m., 10 a.m., 12:15 p.m.</p>	<p>Saint Mary 15 St. Mary's Place Rochester NY, 14607 585-232-7140 www.frontier.net/~stmary Mass times: Sat. 4 p.m. Sun. 9 a.m. and 11 a.m.</p>
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Offices of: Faith Formation
 259 Rutgers St.
 Rochester, NY 14607
 585-271-7240
kawmercyroch@yahoo.com

Youth Ministry
 330 Gregory St.
 Rochester, NY 14620
 585-465-2665
barblegere@dor.org

Faith Formation/Youth Ministry Registration 2010-2011

Parish registered _____

Parents/Guardians _____

Address (Street, City, Zip) _____

Phone Numbers:
 Home _____ Work _____ Cell _____

Email _____

FEE: \$40 per child. \$100 for 3 or more children(checks payable to Blessed Sacrament)

Name of Child/Teen	Grade (Fall 10)	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Photo Release – Please sign

I give permission to have pictures of my children taken during the 2010-2011 sessions. I understand that these photos may be used on parish websites, posters, or newsletters, and that names will not be used. I understand these photos will not be used for any other purposes without my permission.

Parent/Guardian Signature _____

HEALTH & INFORMATION FORM 2010-2011

Family Name _____

Physician/Clinic _____

Phone # _____

Health Insurance Co _____

Policy # _____

Who should be notified in case of emergency when parent cannot be reached?

Name _____

Phone# _____

Is there anyone to whom your child/ren cannot be released?

Name _____

Please list any allergies, physical limitations, or disabilities for each child:

Is there anything else we should know about your child?

In signing this health form, I hereby certify that the above information is correct and I give permission for the release of medical records to an attending physician in case of illness or accident. In case of a medical emergency, I understand that every effort will be made to contact parents/guardians. In the event I cannot be reached, I hereby give permission to the physician selected to secure proper treatment for my child/ren named herein.

Signature of

Parent/Guardian _____

Date: _____ Phone _____

Forms due to Sister Kathleen by July 30, 2010