

FAITH FORMATION REGISTRATION 2025 – 2026

\$100 PER CHILD OR \$175 PER FAMILY

REGISTRATION DEADLINE: AUGUST 24, 2025

Note: All children can participate regardless of financial situation. Call Religious Education Office for financial assistance or fee reduction.

Parish Registration is REQUIRED for participation in St. Charles PREP Faith Formation. Parish registration forms may be obtained from the bulletin or from the Parish Office.

FAMILY REGISTERED AT ST. CHARLES BORROMELO PARISH? YES NO

FAMILY INFORMATION

Father Stepfather Grandfather Guardian Children reside with this person:

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Religion: _____

Home Phone: _____ Mobile: _____ Text Messages: Yes No

Email: _____

Fluent Languages: _____ Marital Status: Married Single Divorced Widowed

Mother Stepmother Grandmother Guardian Children reside with this person:

Last Name: _____ First Name: _____

Maiden Name (if mother): _____

Street Address: _____

City: _____ State: _____ Zip: _____ Religion: _____

Home Phone: _____ Mobile: _____ Text Messages: Yes No

Email: _____

Fluent Languages: _____ Marital Status: Married Single Divorced Widowed

EMERGENCY (NON-IMMEDIATE FAMILY) CONTACT INFORMATION

**** PLEASE PROVIDE CONTACT INFORMATION OF SOMEONE OTHER THAN PARENT/GUARDIAN LISTED ABOVE ****

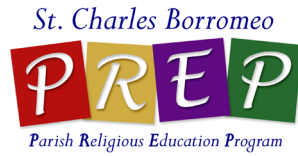
Last Name: _____ First Name: _____

Phone Number: _____ Relationship to Children: _____

FOR OFFICE USE ONLY

FEE ATTACHED PAYMENT DUE CREDIT CARD PAYMENT PLAN FINANCIAL ASSISTANCE

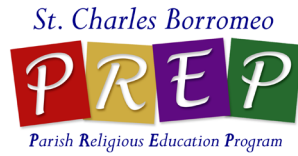
Date Received: _____ Fee Paid: _____ Check/Receipt #: _____



FAITH FORMATION REGISTRATION 2025 – 2026

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH CHILD

	CHILD #1	CHILD #2	CHILD #3
Last Name:	_____	_____	_____
First Name:	_____	_____	_____
Middle Name:	_____	_____	_____
Date of Birth:	_____	_____	_____
Birth Location: (City/State)	_____	_____	_____
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age:	_____	_____	_____
School:	_____	_____	_____
Current Grade:	_____	_____	_____
Baptized:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date:	_____	_____	_____
Church:	_____	_____	_____
City/State:	_____	_____	_____
Eucharist:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date:	_____	_____	_____
Church:	_____	_____	_____
City/State:	_____	_____	_____
Confirmation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date:	_____	_____	_____
Church:	_____	_____	_____
City/State:	_____	_____	_____
Special Needs:	_____	_____	_____



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PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH CHILD

CHILD #4

CHILD #5

CHILD #6

Last Name:

First Name:

Middle Name:

Date of Birth:

Birth Location:

(City/State)

Sex:

Male Female

Male Female

Male Female

Age:

School:

Current Grade:

Baptized:

Yes No

Yes No

Yes No

Date:

Church:

City/State:

Eucharist:

Yes No

Yes No

Yes No

Date:

Church:

City/State:

Confirmation:

Yes No

Yes No

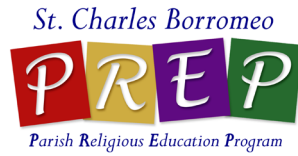
Yes No

Date:

Church:

City/State:

Special Needs:



FAITH FORMATION REGISTRATION 2025 – 2026

MEDICAL AUTHORIZATION FOR MINOR(S)

DIOCESAN ENTITY: St. Charles Borromeo Parish in Port Charlotte, Inc.

EVENT: Religious Education and/or Youth Ministry Sessions August 01, 2025 – July 31, 2026

MEDICAL INFORMATION: Please list all pertinent medical information for each of your children (for example, allergies, medications, physical impairments, learning disabilities, behavioral issues, or any other information necessary in an emergency situation). Explain fully:

NAME OF CHILD	DATE OF BIRTH	MEDICAL ISSUE / SPECIAL NEEDS
NAME OF CHILD	DATE OF BIRTH	MEDICAL ISSUE / SPECIAL NEEDS
NAME OF CHILD	DATE OF BIRTH	MEDICAL ISSUE / SPECIAL NEEDS

In case of illness or injury to the above child(ren), reasonable effort will be made to contact the parent(s) or legal guardian(s) or emergency contact. In case of a medical emergency, 911 will be called. In the event that the parent(s) or legal guardian(s) or emergency contact cannot be notified or are not available, I (we), the parent(s) or legal guardian(s) of the above listed minors, hereby authorize staff of **St. Charles Borromeo Parish in Port Charlotte, Inc.** or other pertinent diocesan officials to consent to any x-ray examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a licensed physician in the State of Florida. This authorization is valid for a period of one year from the date of execution.

Parent / Legal Guardian #1:

NAME: _____ HOME PHONE _____ CELL _____

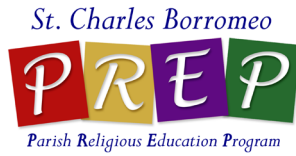
Parent / Legal Guardian #2:

NAME: _____ HOME PHONE _____ CELL _____

Emergency Contact:

NAME: _____ HOME PHONE _____ CELL _____

X _____ **X** _____
Signature of Parent(s) or Legal Guardian(s) Date



FAITH FORMATION REGISTRATION 2025 – 2026

PARENT OR LEGAL GUARDIAN CONSENT TO RELEASE MINOR TO THIRD PARTY AND RELEASE OF LIABILITY & AGREEMENT TO INDEMNIFY

DIOCESAN ENTITY: St. Charles Borromeo Parish in Port Charlotte, Inc.

EVENT: Religious Education and/or Youth Ministry Sessions August 01, 2025 – July 31, 2026

Names of Children: 1. _____ DOB: _____
 2. _____ DOB: _____
 3. _____ DOB: _____

Authorized Drivers, other than Parent(s) or Legal Guardian(s) who may pick up my minor child(ren) from sessions/events (If no one other than parent(s)/guardian(s) may pick up your child, please write in "None" on the first line.):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I, the undersigned parent or legal guardian of the minor(s) listed above hereby give permission for my minor(s) to be released to the adults listed above (upon the provision of picture identification) at any time within the time period that this authorization is valid. I understand that **St. Charles Borromeo Parish in Port Charlotte, Inc.** may or may not know this third party and makes no representation regarding the individual's character, criminal history, driving record, insurance, or fitness to supervise children. Upon the release of my minor(s) to the above identified third party, **St. Charles Borromeo Parish in Port Charlotte, Inc.** has no further responsibility for my minor's care or well-being whatsoever.

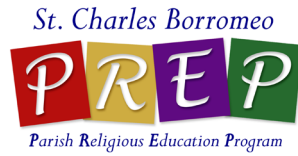
I hereby release **St. Charles Borromeo Parish in Port Charlotte, Inc.**, the Bishop of the Diocese of Venice in Florida, individually and as a corporation sole, and all agents, employees, and volunteers of said entities (hereinafter collectively known as "church") from any and all liability, including that arising from the negligence of the church that may arise from acting in accord with the terms of this consent. I hereby agree to hold harmless and indemnify the church from any claim that may be made against it arising from this consent.

X _____ X _____
 Parent or Legal Guardian (Please Print) Parent or Legal Guardian Signature Date

COMPLETE THIS SECTION ONLY IF YOUR CHILD IS OVER 16 AND PERMITTED TO DRIVE TO & FROM EVENTS

PERMISSION FOR MINORS TO DRIVE TO AND FROM EVENTS: My child, listed above, is over 16 years of age, has a state-issue driver's license, and may drive to and from events at St. Charles Borromeo Church.

X _____ X _____
 Parent or Legal Guardian (Please Print) Parent or Legal Guardian Signature Date



FAITH FORMATION REGISTRATION 2025 – 2026

AUTHORIZATION FOR RELEASE & USE OF IMAGE IN PHOTO, VIDEO, OR OTHER MEDIA

Names of Child(ren): 1. _____ DOB: _____
 2. _____ DOB: _____
 3. _____ DOB: _____

School/Parish/Diocesan Entity: **St. Charles Borromeo Parish in Port Charlotte, Inc.**

I, the undersigned adult participant or parent or legal guardian of the above named minor participant(s) hereby grant to the above named School/Parish/Diocesan Entity the following irrevocable rights:

1. To use the name, photograph, picture, portrait, voice, appearance, likeness, performance (hereinafter collectively known as “image”) of the above named participant(s) in connection with its educational, promotional, fund-raising activities, or for any other legitimate purpose;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of the above named participant(s) individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio and television), audio or video files, recordings, still photography, CD-ROM and any other manner of media now known or later developed;
3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of the above named participant(s) individually or in conjunction with other images or printed matter on the School/Parish/Diocesan entity’s Internet web site. No personal identifiable information such as name, home address, or phone numbers will be published;
4. The right to record, reproduce, amplify, edit, and simulate the image of the above named participant(s) and all sound effects produced; and
5. The right to copyright, in its own name, works that contain the image of above named participant(s); and
6. The right to assign the above-mentioned rights to third parties.

I understand that the video files, still photos, or other media incorporating the image the above named participant(s) will become the property of the School/Parish/Diocesan Entity. I hereby waive the right to inspect or approve the image or any finished materials that incorporate said image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of the image of the above named participant(s) , and nothing herein will create any obligation on the part of School/Parish/Diocesan Entity to make use of the rights or materials set forth herein.

I hereby release and forever discharge Frank J. Dewane, as Bishop of the Diocese of Venice in Florida, his successors in office, a corporation sole, **Saint Charles Borromeo Parish in Port Charlotte, Inc.**, their agents, employees and assigns from any and all claims demand, rights, and causes of action of whatever kind that may arise from the use of the image of the above named participant(s), including all claims for libel and invasion of privacy.

I hereby certify that I am the above named participant or the parent or legal guardian of the above referenced minor(s), and I give my consent, without reservation, to the above agreement on behalf of myself or said minor. This agreement shall be valid for a period of four years from the date hereof, unless revoked in writing.

X _____ **X** _____
 Parent or Legal Guardian (Please Print) Parent or Legal Guardian Signature Date