

**St. Mary's Byzantine Catholic Church  
1900 Brooks Boulevard  
Hillsborough, NJ 08844  
(908) 725-0615**

**2019-2020 Eastern Christian Formation Program Registration Form**

Entering E.C.F. Grade Level: \_\_\_\_\_ School Grade: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

Home Phone #: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

**Parents/Legal Guardian Information**

**EMERGENCY CONTACT\*:** \_\_\_\_\_  
(\*During ECF class, Sun. 9:45 a.m. – 10:45 a.m.) (Full Name) (Phone Number)

Mother's Name: \_\_\_\_\_ Religion/Rite: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion/Rite: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Parents' Marital Status: \_\_\_\_\_ Child Living w/: \_\_\_\_\_

**Sacraments Received**  
**(please include name of church, city, state and country)**

Baptism: \_\_\_\_\_ Date: \_\_\_\_\_

Chrismation: \_\_\_\_\_ Date: \_\_\_\_\_

Penance: \_\_\_\_\_ Date: \_\_\_\_\_

Holy Eucharist: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Conditions, Allergies and Special Needs**  
**(please list all known)**

\_\_\_\_\_  
\_\_\_\_\_

**NOTE: ALL INFORMATION IS KEPT CONFIDENTIAL AND ONLY USED IN THE ADMINISTRATION OF ST. MARY'S EASTERN CHRISTIAN FORMATION RELIGIOUS EDUCATION PROGRAM BY THE ADMINISTRATORS AND STAFF ONLY AS STRICTLY NECESSARY.**

**Consent and Release of Liability**

I hereby request and give permission for my child to participate in the above event. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my child. In consideration of my child participating in the activity about set out, I by these presents do for myself and for my child, our heirs, executors and administrators, release and forever discharge Reverend James Badeaux individually and as pastor of St. Mary's Byzantine Catholic Church, Bishop Kurt Burnette, individually and as Bishop of the Byzantine Catholic Diocese of Passaic, the Byzantine Catholic Diocese of Passaic, the employees, agents and volunteers for the event, their heirs, executors, administrators and successors from all manner of actions, suits, damages, judgments, claims for personal injuries, property damage and demands whatsoever which I and my child jointly or severally may have against the parties herein above named or which may arise in the future by reason of any matter, cause or thing whatsoever, as a result of my child participating in, including travel to and from the activity herein above set out.

Child's Name: \_\_\_\_\_  
(please print)

Parent/Legal Guardian: \_\_\_\_\_  
(please print)

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Consent for Medical Treatment**

As the parent/legal guardian of \_\_\_\_\_, a minor, I hereby give consent for his/her  
(please print)  
emergency medical care, if required, as the result of injury or illness that may occur during this program/event. I agree to pay any expenses incurred of such treatment.

Parent/Legal Guardian: \_\_\_\_\_  
(please print)

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Pick Up Release**

I authorize the directors and my child's teacher(s)/teacher's aide(s) to allow my son/daughter, in my absence, to be released to the individuals named below.

\_\_\_\_\_  
(Student's Name)

May be released to:

\_\_\_\_\_  
(Full Name) (Relationship) (Phone Number)

\_\_\_\_\_  
(Full Name) (Relationship) (Phone Number)

Authorized by:

Parent/Legal Guardian: \_\_\_\_\_  
(please print)

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_