

# Faith Formation Registration Form

Student's name \_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Phone \_\_\_\_\_

Family e-mail address: \_\_\_\_\_

Father's name: \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Mother's name: \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Preferred email contact: \_\_\_\_\_

Emergency contact (person's name/phone #): \_\_\_\_\_

Health problems or concerns that we need to know about especially any allergies to food. Please list below in space provided.

**Sacramental Record: I need the date, name, and address of the church where sacraments were received. This is "essential" information. Please fill below:**

Baptism Date \_\_\_\_\_ Parish and address \_\_\_\_\_

Eucharist Date \_\_\_\_\_ Parish and address \_\_\_\_\_

Approximate date is acceptable.

I, the parent/guardian, acknowledge that I am the PRIMARY EDUCATOR of my child and agree to fulfill my obligation to this program by:

- A.) Actively participating in all programs/events pertaining to my child's Religious Education and/or sacramental process.
- B.) ATTENDANCE AT SUNDAY MASS REGULARLY. "Gather the Children" is offered at the 10 o'clock Mass each Sunday for children ages 4-12 (due to the pandemic there is NO "Gather the Children" scheduled at this time).

Parent or Guardian Signature \_\_\_\_\_

If returning form by mail address to Marcia Bugbee, St. Agnes Rectory, 169 Hillcrest Ave., Lake Placid, NY 12946--or forms may be dropped off at St. Agnes rectory between the hours of 9:00 am- 3 pm

# Lake Placid Elementary School

**School Principal**  
Sonja Franklin  
Ext. 4502

318 Old Military Road Lake Placid, New York 12946  
518-523-3640 Fax: 518-523-4314  
[www.lpcsd.org](http://www.lpcsd.org)

**School Psychologist**  
Melinda Frazer  
Ext. 4504

**CSE Chairperson**  
Sarah Allen  
Ext. 4011

**School Counselor**  
DeAnna Brown  
Ext. 4533

## Religious Education

2023-2024

My child: \_\_\_\_\_ has my permission to be released from Lake Placid Elementary School to attend Religious Education at St. Agnes, according to their schedule.

I understand that if my child **is not** attending on a specific day, I will notify the office by note, phone call or email prior to 1:00pm. (518)523-3640 or [mkulina@lpcsd.org](mailto:mkulina@lpcsd.org)

---

Parent Signature

---

Date

**PERMISSION TO PHOTOGRAPH (Fill form out if you do NOT want your child photographed).**

St. Agnes Parish's Christian Formation Program may, on occasion, produce or participate in videotape or still photograph productions that may involve the use of student's likeness or voices. St. Agnes Parish Christian Formation Program will use these productions only for educational and/or parish program marketing purposes.

You have the right to object to the use of your child's name, picture, or voice in these productions and may do so by completing the form below and returning it to the Director of Religious Education at St. Agnes Parish. **If the form is not returned, we will assume that you waive your right to object.**

**Please Print**

To: St. Agnes Parish

Regarding: \_\_\_\_\_ (student)

Permission Not Granted

1. Videotaping
2. Audio recording
3. Classroom/Mass Pictures
4. Community Service Projects
5. Newspaper Articles/Pictures
6. Other, please specify \_\_\_\_\_

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

\_\_\_\_\_  
Parent or Guardian Signature