

BLESSED SACRAMENT CATHOLIC CHURCH

1003 E. Victory Drive, Savannah, GA 31405

Phone 912-356-6980 website: www.mbschurch.org

Contact: Laura Dolan, DRE, (912) 631-3536 or laura-dolan@live.com

Classes are held Sundays 9:15 a.m. to 10:15 am in the school media center, September through May.



For Office Use

Family Name: _____

Registered member Blessed Sacrament _____

Fee: _____ pd _____ cash _____ ck _____ online

Registration fee: 1 child is \$50, 2 children \$90, 3+ total \$125.

Complete form. Print clearly. Please send a copy of each child's baptismal certificate if not Blessed Sacrament.

Child's name: (first, middle, & last) _____ Gender: M/F Date of birth: _____ School _____ Grade: _____

Baptism date, parish (if received): _____ 1st penance year, parish (if received): _____ 1st Communion year, parish (if received): _____

Child's name: (first, middle, & last) _____ Gender: M/F Date of birth: _____ School _____ Grade: _____

Baptism date, parish (if received): _____ 1st penance year, parish (if received): _____ 1st Communion year, parish (if received): _____

Child's name: (first, middle, & last) _____ Gender: M/F Date of birth: _____ School _____ Grade: _____

Baptism date, parish (if received): _____ 1st penance year, parish (if received): _____ 1st Communion year, parish (if received): _____

Are you currently a registered member of Blessed Sacrament Church? Yes No If no, where are you registered? _____

If registered at another parish, a letter from your pastor granting permission to attend must accompany this form and if receiving a sacrament at Blessed Sacrament please have that permission granted as well.

Family Name: _____ Address: _____ Street _____ City _____ State _____ ZIP code _____

Father's name: _____ Religion _____ Cell phone # _____ Email _____

Mother's name: _____ Religion _____ Cell phone # _____ Email _____

CUSTODY: Are there any custody/legal issues? Yes No

*Name of person responsible for religious education if not a parent/guardian _____ relationship _____

*Parent/guardian must provide a signed, dated letter of permission to the director of religious education which is to be kept on file and updated annually.



EMERGENCY CONTACT INFORMATION: If we are unable to reach you, whom should we contact:
Name: _____ Relationship: _____ Phone (home) _____ (cell) _____

PROMOTIONAL RELEASE:
I consent to the use of any photographs or videos in which my child appears by parish or the Diocese of Savannah. _____
(signature)

CONSENT FOR MEDICAL CARE:
I give permission that, in my absence, my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the religious education program and activities at Blessed Sacrament Church.
Signed (parent/legal guardian): _____ Date: _____

Does your child have any special needs or any allergies that we should be aware of? If yes, please list.

I would like to volunteer as a sub. Parent Name(s): _____

Parents are the primary catechists for their children. Families are expected to be active and participating members of Blessed Sacrament and attending weekly Mass and Holy Days of Obligation.

Signed (parent/legal guardian): _____ Date: _____