

# Saint Pius X Catholic Church

## Faith Formation Registration

4880 Bristol Ave, Klamath Falls, OR 97603  
541-884-4242 or 541-882-7593

Term: 2024-2025  
\$30/student or \$50/household

### FAMILY INFORMATION

Family Last Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Father's Cell / Work: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Mother's Cell / Work: \_\_\_\_\_  
Mother's Maiden: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
City, ST Postal: \_\_\_\_\_ Both Parents Catholic? Yes / No

### STUDENT #1 INFORMATION

Child Name: \_\_\_\_\_ Catholic? Yes / No  
Gender:  Male  Female Sacrament Details Check & Date All Below  
Birth Date: \_\_\_\_\_  Baptism: \_\_\_\_\_  
Grade: \_\_\_\_\_  Eucharist: \_\_\_\_\_  
Session: \_\_\_\_\_  Reconciliation Prep: \_\_\_\_\_  
Class: \_\_\_\_\_  Confirmation: \_\_\_\_\_  
Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc.):  
\_\_\_\_\_

### STUDENT #2 INFORMATION

Child Name: \_\_\_\_\_ Catholic? Yes / No  
Gender:  Male  Female Sacrament Details Check & Date All Below  
Birth Date: \_\_\_\_\_  Baptism: \_\_\_\_\_  
Grade: \_\_\_\_\_  Eucharist: \_\_\_\_\_  
Session: \_\_\_\_\_  Reconciliation Prep: \_\_\_\_\_  
Class: \_\_\_\_\_  Confirmation: \_\_\_\_\_  
Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc.):  
\_\_\_\_\_

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

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Additional Students

### STUDENT #3 INFORMATION

Child Name: \_\_\_\_\_

Catholic? Yes / No

Gender:  Male  Female

Sacrament Details Check & Date All Below

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

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

Grade: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_

Reconciliation Prep: \_\_\_\_\_

Class: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc.):

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### STUDENT #4 INFORMATION

Child Name: \_\_\_\_\_

Catholic? Yes / No

Gender:  Male  Female

Sacrament Details Check & Date All Below

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

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

Grade: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_

Reconciliation Prep: \_\_\_\_\_

Class: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc.):

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### STUDENT #5 INFORMATION

Child Name: \_\_\_\_\_

Catholic? Yes / No

Gender:  Male  Female

Sacrament Details Check & Date All Below

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

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

Grade: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_

Reconciliation Prep: \_\_\_\_\_

Class: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc.):

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**NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.**

**Tuition DUE:** \$ \_\_\_\_\_ **Tuition PAID:** \$ \_\_\_\_\_ **Signature:** \_\_\_\_\_

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# Faith Formation

## Pre School through 12<sup>th</sup> grade

### Medical Information

To be completed by parent/guardian of minor

Child	_____	Phone	_____
Father/Guardian	_____	Phone	_____
Mother/Guardian	_____	Phone	_____
Emergency Contact if different than above	_____	Phone	_____

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Allergies, disabilities, illnesses, or specific needs you would like us to be aware of:

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The information on this form is confidential. We are asking that we can better ensure the safety and quality of the program for your child. Thank you.

Please contact Tami Lucht at 882-7593 if you have any questions or concerns.

## Liability Release

I do hereby waive, release, absolve, indemnify, and agree to hold harmless St. Pius X Catholic Church, the Baker Diocese of Oregon, the organizers, supervisors, and participants from any claim arising out of an injury to my child during activity during faith formation. Although slight, I do understand the assumed risk in participating in said activity.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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### **PICTURE AUTHORIZATION FORM**

**St Pius X Roman Catholic Church**

**4880 Bristol Ave, Klamath Falls, OR 97603**

Throughout the year we enjoy taking pictures at our various events. At times the pictures will be in our bulletin, Diocesan Chronicle, Facebook, or news releases in the local paper. Please be aware that our bulletins are also posted on our website each week which means if a picture appears in our bulletin, it will be available online. Names of children will not be included with the photos to protect their identity. With a few exceptions only group photos will be used. Individual pictures of children will only be used with permission from the parent.

**Child's Name:** \_\_\_\_\_

I give my permission for my child's picture to be printed in the church bulletin and/or news releases for the parish.

\_\_\_\_\_  
**Parent Signature**

I do not give permission for my child's picture to be printed in the church bulletin and/or news releases for the parish.

\_\_\_\_\_  
**Parent Signature**