*Transfiguration Catholic Community*

*Staffed by The Missionaries of St. Paul* 775 West Hamburg Street

Phone: 410-685-5044  Fax: 410-625-2406 Baltimore, Maryland 21230

Alan Cramblitt, CRE Phone: 443-569-1037 Office of Faith Formation

**EVENT REGISTRATION FORM**

|  |  |  |
| --- | --- | --- |
| CHILD’S NAME  LAST FIRST MIDDLE  | CHILD PREFERS TO BE CALLED:   |  |
| ADDRESS   | CITY/STATE  | ZIP  |  |
| E-MAIL  | PHONE NUMBER (HOME) **( ) -** | PHONE # (CELL) **( ) -** | )  |
| **Parent or Guardian** NAME (FIRST, LAST Please PRINT)  | GRADE  | DATE OF BIRTH   |  | AGE   |
| ADDRESS IF NOT SAME AS ABOVE **Address: City: State: Zip:** |  |
| E-MAIL  SAME AS ABOVE | OCCUPATION/WORK NUMBER  **( ) -** |  |
|  CHILD LIVES WITH | RELATIONSHIP TO CHILD  |  |
| **IF “OTHER” CHECK ABOVE, CHILD LIVES WITH:**  | PHONE NUMBER IF DIFFERENT THAN ABOVE**( ) -** |  |
| Does your child have any special needs?  |   | NO  |   | YES  |
| If yes, please explain    |  |
| Does your child have food allergies?  |   | NO  |   | YES  |
| If yes, please explain   |  |
| **EMERGENCY CONTACT (DURING EVENT PLEASE PRINT)**  | **PHONE**  |

**Parents/Guardians:** Be advised that pictures may be taken of the children during events and may be displayed in the church or submitted to publications like The Catholic Review. Children would not be identified, however, without specific written consent. Parents/Guardians, who do not wish to have their child/children photographed, should notify the Religious Education Office in writing.

 **I hereby give consent to the Transfiguration Catholic Community to care for and transport my child/children for the event listed.**

 **End of year trip to The National Shrine Grotto of Our Lady of Lourdes**

 **Event Name**

 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_ \_\_

**If you have more than one child attending the event**

**Please fill out Information for each child on the back of this form.**

**Total Number of children attending:**

**Name of child Age & Grade of child**

1.  **/**

Special needs \_\_ Yes \_\_ No Allergies \_\_ Yes \_\_ No

Special needs list Allergies list

**Name of child Age & Grade of child**

2.  **/**

Special needs \_\_ Yes \_\_ No Allergies \_\_ Yes \_\_ No

Special needs list Allergies list

 **Name of child Age & Grade of child**

3.  **/**

Special needs \_\_ Yes \_\_ No Allergies \_\_ Yes \_\_ No

Special needs list Allergies list

**Name of child Age & Grade of child**

4.  **/**

Special needs \_\_ Yes \_\_ No Allergies \_\_ Yes \_\_ No

Special needs list Allergies list

**Name of child Age & Grade of child**

5.  **/**

Special needs \_\_ Yes \_\_ No Allergies \_\_ Yes \_\_ No

Special needs list Allergies list

If more space is need state below. Please reference needs or allergies of which child. Thanks