



*Saint Boniface Catholic Church*  
**2024-2025 Partners In Faith Program**

1952 GA Highway 21 South · Springfield, GA 31329 · (912) 754-7473, ext. 24 ·  
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The Partners In Faith program is open to high school students who already received the Sacrament of Confirmation. The group meets during the Faith Formation class time (9:45-10:45 Sundays) and is focused on prayer, faith, fellowship, and community service. There is no registration fee to participate in this program.

**Student Information:**

Student's Last Name: \_\_\_\_\_ Student's First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

**Parent/Guardian Information:**

Mother's Last Name: \_\_\_\_\_ Mother's First Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Father's Last Name: \_\_\_\_\_ Father's First Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's Phone: \_\_\_\_\_ Father's Email: \_\_\_\_\_

I give permission for my child to be included in the leader/student/parent Partners In Faith group text/email list.

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Special/Medical Needs:**

Please list any special needs or medical needs/allergies.

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**Emergency Medical Treatment**

In the event of an emergency, I hereby give permission to be transported to a hospital for emergency medical or surgical treatment.

Family Doctor \_\_\_\_\_ Family Doctor Phone \_\_\_\_\_

Family Health Plan Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**Emergency Contact Information:**

In the event of an emergency, if the parents cannot be reached, please contact the following:

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

Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

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