

Saint Mary's Faith Formation 2018-2019 Registration Form

Last Name _____ Mother _____ Father _____

Mailing Address _____ City _____, MI Zip _____

Phone _____ Cell _____ EMAIL _____

Will you carpool during our Elementary/Junior High Programs? YES or NO

Name of person(s) who has/have your permission to drop off and pick up your child(ren):

Children (Please include last name if different from parents)

Name	Birth Date	Grade	Program Attending for 2018-19 (circle choice)			
_____	_____	_____	Children's Liturgy	Elementary	MS	HS
_____	_____	_____	Children's Liturgy	Elementary	MS	HS
_____	_____	_____	Children's Liturgy	Elementary	MS	HS
_____	_____	_____	Children's Liturgy	Elementary	MS	HS

Children's Liturgy of the Word during Sunday morning Mass for Preschool – 2nd Grade

St. Mary's Faith Formation Grades 1 – 7 meet on Wednesdays at 6:15 – 7:30 p.m.

St. Mary's Confirmation Prep meets on Wednesdays at 6:45 – 8:30 p.m.

St. Mary's/St. Michael's High School Youth Ministry meets on Sunday evenings from 7:00 – 8:30 p.m.

Family member who will receive a Sacrament at St. Mary's this year:

Name: _____ Reconciliation Eucharist Confirmation

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Fees:

\$50.00 for one child and \$90.00 for two or more children.

Catechists are free and Aides are ½ price (\$25.00 for one child and \$45.00 for two or more.)

Photography Release

As legal guardian, I give permission for the children listed above to participate in the **ST. MARY'S PARISH FAITH FORMATION PROGRAMMING**. I understand that photography and/or video of participants may be occurring during the **FAITH FORMATION PROGRAMMING** and used in promotional materials. I consent to the use of images or likenesses of the aforementioned children, for promotional purposes, by **ST. MARY'S PARISH**.

Parent/Legal Guardian Signature _____ Date _____

Saint Mary's Catholic Church 15164 Juniper Drive Marne, MI 49435

Faith Formation Medical Treatment Release Form for 2018 - 2019

MEDICAL TREATMENT RELEASE

As legal guardian, I hereby authorize first aid/medical treatment for the children listed above in the event of an emergency which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to contact the persons listed on this form as soon as reasonably possible. In the event that the aforementioned requires my authorization for treatment and I cannot be reached in an emergency, I hereby give my permission to the physician selected by the activity leader to hospitalize, secure medical treatment, and/or order an injection, anesthesia or surgery for the aforementioned as deemed necessary. I understand all reasonable safety precautions will be taken at all times by the parish and its agents during **Faith Formation Programming**. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold **St. MARY'S PARISH**, its leaders, employees, drivers, volunteers, or the **ROMAN CATHOLIC DIOCESE OF GRAND RAPIDS** liable for damages, losses, diseases, or injuries incurred by the aforementioned.

This release is intended for the Medical Treatment of the person(s) listed below:

1. Child/Youth Full Name _____

List all allergies, medications and relevant information below:

2. Child/Youth Full Name _____

List all allergies, medications and relevant information below:

3. Child/Youth Full Name _____

List all allergies, medications and relevant information below:

4. Child/Youth Full Name _____

List all allergies, medications and relevant information below:

Emergency Contact: _____ Phone: _____

Family Physician _____ Phone: _____

Health Insurance Data:

Company _____ Policy _____

Group _____ Contract _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstance in my absence.

I certify that I am the (check one) _____ custodial parent _____ legal guardian of the minor child(ren) named above, and agree to the above terms for myself and for my minor child(ren).

Date _____ Printed Name _____ Signature _____