

# 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 10:30/11:00 a.m. Mass for Preschool – 2<sup>nd</sup> Grade starts September 23, 2018.  
 St. Mary's Faith Formation Grades 1 – 7 meet on Wednesdays at 6:15 – 7:30 p.m. starting September 19, 2018.  
 St. Mary's Confirmation Prep meets on Wednesdays at 6:15 – 8:00 p.m. starting November 7, 2018.  
 St. Mary's/St. Michael's High School Youth Ministry meets on Sunday evenings at St. Michael's 7:00 – 8:30 p.m.

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

Name: \_\_\_\_\_ Reconciliation   Eucharist   Confirmation

Name: \_\_\_\_\_ Reconciliation   Eucharist   Confirmation

## 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.)

Children's Liturgy of the Word program is FREE but registration is appreciated.

### 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 \_\_\_\_\_