

# Saint Michael's and Saint Mary's Faith Formation 2017-2018 Registration Form

Last Name \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Family Registered at:            St. Michael's Church            St. Mary's Church            *(circle parish)*

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):

**St. Michael's Programs:**  
Children's Liturgy: Ages 3-7  
 Sundays during the 9am Mass  
Elementary Faith Formation: Grades 1st-5th  
 Wednesdays 6:00 – 7:30 p.m.  
Middle School Faith Formation: Grades 6-8 and Confirmation  
 Sundays 10:15 – 11:30 a.m.  
High School Youth Ministry (Combined with Cluster)  
 Sunday evenings from 7:00 – 8:30 p.m. at St. Michael's.

**St. Mary's Programs:**  
Children's Liturgy: Preschool – 1st Grade  
 Sundays during the 11am Mass  
Faith Formation: Grades 1st -7th  
 Wednesdays 6:15 – 7:30 p.m.  
8<sup>th</sup> Grade Confirmation Prep Class  
 Wednesdays 6:45 – 8:30 p.m.  
High School Youth Ministry (Combined with Cluster)  
 Sunday evenings from 7:00 – 8:30 p.m. at St. Michael's.

**Children (Please include last name if different from parents)**

| Name  | Birth Date | Grade | Program Attending for 2017/18 <i>(circle choice)</i> |            |    |    |
|-------|------------|-------|--|------------|----|----|
| _____ | _____      | _____ | Children's Liturgy                                   | Elementary | MS | HS |
| _____ | _____      | _____ | Children's Liturgy                                   | Elementary | MS | HS |
| _____ | _____      | _____ | Children's Liturgy                                   | Elementary | MS | HS |
| _____ | _____      | _____ | Children's Liturgy                                   | Elementary | MS | HS |

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

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

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

**Parishioner Fees: \$50.00 for one child and \$90.00 for two or more children.**

**Catechists children are free and Aides are 1/2 price (\$25.00 for one child and \$45.00 for two or more.)**

**\*Children's Liturgy programs are FREE but registration is appreciated.**

**Please check this box if you will be using St Michael's SCRIP for the fees:**

**Photography Release**

As legal guardian, I give permission for the children listed above to participate in the **ST. MICHAEL'S/ST. MARY'S PARISHES 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. MICHAEL'S/ST. MARY'S PARISHES**.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Faith Formation Medical Treatment Release Form for 2017-18

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. MICHAEL'S/ST. MARY'S PARISHES**, 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 \_\_\_\_\_

# SAINT MICHAEL'S FAITH FORMATION FAMILY FEE ASSISTANCE FORM

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

Family Last Name: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, MI Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #'s: \_\_\_\_\_

Currently Employed? \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
Father Mother

## Family Information

Number of family members residing in your residence this year: \_\_\_\_\_

Number of family members in Faith Formation Programs: \_\_\_\_\_

Current Marital Status: \_\_\_\_\_

Reason for applying (i.e. hardship – currently unemployed, financial difficulties, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

## FAMILY FEE ASSISTANCE POLICY

Family Fee assistance entails the following:

- A. Use form to apply for St. Michael's Faith Formation assistance.
- B. Eligibility will be based on need and decided by the Pastor and the Business Manager.
- C. If further need arises, please contact the Pastor or Business Manager.

| OFFICE USE ONLY             |  |
|-----------------------------|--|
| <i>Application Rec'd</i>    |  |
| <i>Amount Granted</i>       |  |
| <i>Family Notified</i>      |  |
| <i>Faith Form. Notified</i> |  |