

FAITH FORMATION REGISTRATION 2020-2021

DUE TO COVID-19 WE WILL HOLD OUR SESSIONS REMOTELY UNTIL FURTHER NOTICE

On-Line sessions will be available in October (watch your E-mail for starting date and access information)
Offering On-Line Learning Modules for 1st-8th grade and various virtual catechesis sessions for all ages/families
One form per student/complete both sides of this form – Return Registration to St. Dominic Parish by September 15, 2020

Student Name _____ Primary Phone# _____
Date of Birth _____ Grade 2020-2021 _____
School Attending: _____ At which parish are you registered? _____
Has this child received prior formation? yes no Place _____ No. of years _____
Father's Name _____ Religion _____ Cell Phone _____
Mother's Name _____ Religion _____ Cell Phone _____
Guardian Name (if applicable) _____ Religion _____ Cell Phone _____
Family Situation we should be aware of: _____
Email _____ **E-mail will be used for ALL correspondence.** Please check it regularly

Address _____
Number Street City, State Zip

Special Learning Needs _____

Medical conditions/allergies we should be made aware of Asthma Diabetes Seizures
 Heart Problems Other _____

I authorize the following people to pick up my child from the Faith Formation Program (Need for if/when we return in 2021)

Name _____ Relationship _____ Phone# _____
Name _____ Relationship _____ Phone# _____

Emergency Information

Emergency contacts in the event that the parent/guardian CANNOT be reached: (Need for if/when we return in 2021)

Name _____ Relationship _____ Phone# _____
Name _____ Relationship _____ Phone# _____

Please inform us if your child has received the following sacraments:

- Baptism Yes/No
- First Reconciliation Yes/No
- Confirmation Yes/No
- First Eucharist Yes/No

IMPORTANT: Sacramental Preparation classes are SEPARATE from Faith Formation and take place at the parish where you are registered members. Please contact your parish leader for more information. St. Dominic families contact Chris Platko, DRE at 799-2334 ext.12

Day available for virtual sessions. A calendar of virtual sessions will be sent in September. Some will be grade/age specific some will be family oriented. Please choose the time that would work best for your child/family. Tuesday 4:15-5:30pm Wednesday 5:30-6:45pm

Fee: \$25 per child. *Payment is due prior to the first class.* All sessions will be held at the St. Stephen Campus. Please make checks payable to St. Dominic Parish. No child will be denied religious education due to financial difficulties. Please contact the Director of Faith Formation if you are unable to pay.

Parent/Guardian Signature: _____ **Date:** _____

**** PLEASE COMPLETE BOTH SIDES OF THIS FORM ****

**DIOCESE OF SAGINAW
MEDICAL TREATMENT AUTHORIZATION**

To Whom It May Concern: **(Need for if/when we return in 2021)**

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: Faith Formation 2019-2020

Address of Minor: _____ City: _____

Emergency Phone(s): () _____ () _____ () _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List any allergies, medications, contacts or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____ **Signed** _____

(Parent or Guardian)

MEDIA RELEASE FORM (MUST HAVE SIGNED)

St. Dominic Parish will not photograph, videotape and/or voice tape individuals in its programs without consent. This form allows you to give permission for your child/children to be photographed, videotaped and/or voice taped by parish personnel and/or area news reporters. Photographs, videotapes and/or voice tapes, when consented to, will only be used for the purposes you specify below.

I, _____, hereby **give permission** for the personnel of St. Dominic Parish to photograph, videotape and/or voice tape my child/children (or allow area news reporters to do the same) for purposes of **(circle the items that you will allow)**:

1. Public Information for Promotion of Parish Programs

2. In-Parish Purposes Only

This consent must be re-examined and signed each year.

Parent/Guardian Signature: _____

Student Name: _____

Date: _____

**** PLEASE COMPLETE BOTH SIDES OF THIS FORM ****