



St. Elizabeth Parish

506 N. Union St.
Tecumseh, MI 49286
Tel: 517-423-2447

FAITH FORMATION REGISTRATION FORM

Family Last Name _____ Home Phone _____

Head of Household First Name _____ Spouse First Name _____

HOH Cell Phone _____ Spouse Cell Phone _____

HOH Religious Denomination _____ Spouse Denomination _____

Email _____ Email _____

Address _____ City & Zip _____

Emergency Contact Person:

Name _____ Relation _____ Phone _____

Please list names of family members who will attend Faith Formation Programs

Class Choices:

1. Preschool- 5th grade; Sunday 9:00-10:15am
2. Grades 6-12; Sunday 6:30-8:00pm

First Name	Birthdate	Sex	Sacraments Received	School Grade

Those receiving a Sacrament must attend class one year prior to Sacrament year
Children in 2nd grade receive First Reconciliation and First Communion
Students in 10th grade receive Confirmation

HEALTH HISTORY & MEDICAL RELEASE FORM

Family Doctor _____ Phone _____

Child 1 Name _____

Medical Concerns & Allergic Reactions _____

Child 2 Name _____

Medical Concerns & Allergic Reactions _____

Child 3 Name _____

Medical Concerns & Allergic Reactions _____

Child 4 Name _____

Medical Concerns & Allergic Reactions _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, I hereby give permission to transport my child to the nearest hospital/emergency center for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.

Parent/Guardian Signature _____

Family Insurance Provider/Health Plan _____

Health Plan Number _____

OPTIONAL PERMISSION FOR NON-PRESCRIPTION MEDICATION

I grant permission for non-prescription medication (cough drops, Advil, etc.), except for the following _____, to be given to my child(ren) if deemed advisable by the supervisor.

Parent/Guardian Signature _____

PHOTOGRAPHY/VIDEOGRAPHY PERMISSION

Diocesan Guidelines for Student Safeguards

- Student's personal email addresses may not be published on the parish Website.
- Decisions on publishing student pictures and audio/video clips are based on parent's/guardian's written permission.
- Webpage documents may not include any information which indicates the physical location of a student, other than attendance at a particular school/parish, or participation in activities.
- Documents to be copyrighted need date only.

In keeping with these guidelines, we are seeking your permission on the following:

I GIVE permission for the following:

- Posting of my child's first name and last initial on Parish website
- Posting of my child's picture on Parish website
- Posting audio/video clips of my child on Parish website
- Posting my child's name on Parish Facebook pages
- Posting my child's picture on Parish Facebook pages
- Posting audio/video clips of my child on Parish Facebook pages
- Tagging my child on Parish Facebook pages
- Posting of my child's classwork on Parish's website and Facebook pages (positive only)

SOCIAL MEDIA & TEXTING PERMISSION

I **agree** to have St. Elizabeth Parish communicate with my child(ren) through different mediums, such as, but not limited to: e-mail, Facebook, Instagram, Twitter and texting.

Name

Cell phone number/E-mail

OR

I **do not agree** to have St. Elizabeth Parish communicate with my child(ren); our family will actively pursue the obtaining of information necessary to participate fully in the program. (List children's names below)

Parent/guardian signature _____

FAMILY STEWARDSHIP

Many hands are needed to have a successful program; please consider volunteering. Please check which of the following you would like to help with. All family members can help, not just parents!

Activity	Name	
Catechist/Co-catechist	_____	Preferred grade level _____
Catechist Aide	_____	Preferred grade level _____
	<i>Help teachers with special events/projects during class</i>	
Substitute Catechist	_____	Preferred grade level/class time _____
	<i>Called when a catechist is unable to teach for a single class period</i>	
Babysitting	_____	During parent meetings or events (13 and over)
Special Events	_____	Help with special events (prep, decorating, etc.)
Chaperone	_____	Retreats, special events, youth group; must be 21+
Other	_____	_____

PROGRAM FEES

*Sacrament years, 2nd & 10th grade:..... \$60/child
 Preschool (4 yr) – 9th grade:\$50/child
 Ignite (post-confirmation):\$10/child

**There is a cap (max) of \$200 per family.*

We understand that the total tuition may be difficult to pay at one time, therefore we require a \$25 deposit when registering and will set up a payment plan with you.

We do not want any child left behind. If you find tuition a hardship, please contact us, confidentially.

FOR OFFICE USE ONLY

Amount Paid _____ Date _____ Received by _____

Cash _____ Check Number _____ Receipt Number _____

Payment Plan:

Amount Due _____ Date Paid _____ Receipt Number _____