

Faith Formation Registration Form



The Faith Formation program at St. Elizabeth Parish aims to facilitate meaningful encounters with Jesus, our Risen Lord, through community, conversation, catechesis, and reception of the Holy Eucharist. We support each family in their role as the primary instructors to their children, demonstrating how to live our Catholic faith on a daily basis. Together, we work to develop disciples eager and equipped to go into the world and share the gospel of Christ, our Catholic faith, and their personal witness.

Guardian Name _____ Spouse Name _____

Religious Denomination _____ Spouse Denomination _____

Cell Phone _____ Spouse Cell Phone _____

Email _____

Spouse Email _____

Address _____ City & Zip _____

Home Phone (optional) _____

Additional Emergency Contact Person:

Name _____ Relation _____ Phone _____

Class Choices:

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

Student Name	Birthday	Gender	Sacraments Already Received (<i>circle</i>)		Grade
			Baptism First Reconciliation	First Communion Confirmation	
			Baptism First Reconciliation	First Communion Confirmation	
			Baptism First Reconciliation	First Communion Confirmation	
			Baptism First Reconciliation	First Communion Confirmation	
			Baptism First Reconciliation	First Communion Confirmation	

*Typically, children in 2nd grade receive First Reconciliation and First Communion
Confirmation classes begin in 8th grade and students receive Confirmation after 2 years of preparation*

HEALTH HISTORY & MEDICAL RELEASE FORM

Child 1 Name _____

Dietary restrictions, allergies (and reaction), physical limitations, emotional/psychological limitations:

Child 2 Name _____

Dietary restrictions, allergies (and reaction), physical limitations, emotional/psychological limitations:

Child 3 Name _____

Dietary restrictions, allergies (and reaction), physical limitations, emotional/psychological limitations:

Child 4 Name _____

Dietary restrictions, allergies (and reaction), physical limitations, emotional/psychological limitations:

Child 5 Name _____

Dietary restrictions, allergies (and reaction), physical limitations, emotional/psychological limitations:

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 _____ Date _____

Family Insurance Provider/Health Plan _____

Health Plan Number _____ Exp _____

PHOTOGRAPHY/VIDEOGRAPHY PERMISSION

In keeping with diocesan guidelines, we are seeking 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.

I give permission for:

- Posting of my child(ren)’s name on Parish website
- Posting of my child(ren)’s picture on Parish website
- Posting audio/video clips of my child(ren) on Parish website
- Posting my child(ren)’s name on Parish Facebook pages
- Posting my child(ren)’s picture on Parish Facebook pages
- Posting audio/video clips of my child(ren) on Parish Facebook pages

DIGITAL COMMUNICATION PERMISSION

OPTIONAL

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 and texting.

Name

Cell phone number/E-mail

FAMILY STEWARDSHIP

If volunteering for a teacher (catechist) position, please specify preferred grade level(s).

Name	Clerical Help	Teacher/ Co-teacher	Teacher Aide	Substitute Teacher	Event Help/ Chaperone

PROGRAM FEE

Preschool – 12th grade: \$50 per child

Sacrament years (2nd and 10th grade): additional \$10 fee

- Tuition can be paid via cash, check, credit card, or online through the OSV online giving portal (<https://www.osvhub.com/stelizabeth/funds/tuition-payment-ccd>; include child(ren)'s name(s) in notes section)
- Making payments is an option; a \$25.00 deposit is required when registering.

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

FOR OFFICE USE ONLY

Total Cost _____ Amount Paid _____ Date _____

Credit Card ___ Cash ___ Check Number _____ Receipt Number _____

Amount Due _____ Date Paid _____ Received by _____

Credit Card ___ Cash ___ Check Number _____ Receipt Number _____