

CHILD'S LAST NAME _____

**Saint Kenneth Parish
Children's Faith Formation Program 2021-2022
Grades K-6 (K "in class" Tuesday only)**

"IN CLASS" - meet weekly on chosen day below following CDC guidelines.

Monday 5:00pm-6:30pm **Tuesday 5:00pm-6:30pm**

**"AT HOME" (K – 6) – 4 packet exchanges (dates TBD), as well as 4 zoom meets (dates TBD)
The return of the completed monthly packet is used as your attendance.**

Parent information

Mother's name _____ Phone # _____

Father's name _____ Phone # _____

Family E-mail _____ **PLEASE PRINT CLEARLY**

Home Address _____

Student 1 Last Name _____ First Name _____

Date of Birth _____ Grade in fall **2021** _____ School attending _____

("In class" only) Please list any medical conditions, food allergies, physical limitations and or academic challenges below:

Student 2 Last Name _____ First Name _____

Date of Birth _____ Grade in fall **2021** _____ School attending _____

("In class" only) Please list any medical conditions, food allergies, physical limitations and or academic challenges below:

Student 3 Last Name _____ First Name _____

Date of Birth _____ Grade in fall **2021** _____ School attending _____

("In class" only) Please list any medical conditions, food allergies, physical limitations and or academic challenges below:

Tuition: \$80 per child (Please make checks payable to Saint Kenneth Faith Formation)

Photo Permission: I release Saint Kenneth parish of any and all liability and give permission to have pictures of my family/child on the Saint Kenneth web-site and in the church bulletin: Please circle - Yes No

Emergency contact: Name _____ Phone number _____

Parent Signature _____ Date _____

If you have a child making their FIRST COMMUNION OR RECONCILIATION this year please fill out the separate registration form required for each SACRAMENT. Actively participating in regular class time is required.

"In Class" Families; please complete the REQUIRED Medical Release Form on the back of this form

PLEASE BE AWARE: A Mask IS required to enter the building. Parents we ask that you please follow protocol for drop off/pick up. The pandemic is not over and guidelines will be enforced in order to protect the health and safety of everyone in our community. If a shut down occurs books and the "at home" curriculum will be sent home for the children "in class" to complete the year.

Office Use: Date _____ Amount Paid _____ Check/Cash _____

MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of 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: _____

Address of Minor: _____ City: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, 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)

Religious Education Volunteer Opportunities

Grades K – 6th

If you are interested in Volunteering for Faith Formation please let us know by filling out and returning this form for the 2021/2022 Religious Education year.

Our Faith Formation K-6 program is offered on Monday and Tuesday evenings 5:00pm-6:30pm; K is offered Tuesday only! We ask that our volunteers arrive by 4:50pm to prepare for class.

Catechist – Grade (if preference) _____ Substitute Catechist

Hall/Door Monitor Substitute Hall/Door Monitor

Other (special evenings)

I am interested in: Monday Tuesday

All Volunteers **must** complete an annual Back Ground Check. Only one BGC needs to be completed for all volunteering within the parish; if you have already completed one for this year (2021) please check here

All Volunteers **must** complete Protecting God's Children; this is a onetime class. To register for this class please go to www.virtus.org. If you have already taken this class please check here

Name _____ Phone # _____

E-mail _____ (Please print clearly)

We ask all volunteers to follow the same guidelines that we are asking the parents to follow with their children; if you are not feeling well, are running a temperature or if you or someone in your household was exposed to covid; please call us and let us know that you will not be coming in so that we can plan accordingly.

A mask is required to be worn in the building/in the classroom at all times. Sanitizer will be available in each classroom. The pandemic is not over and guidelines will be enforced in order to protect the health and safety of everyone in our community.