

# St. Jude Faith Formation Program

2021-2022



## Registration Packet

Please fill out all parts of this packet:

- Section One: Family Contact Information \_\_\_\_\_
- Section Two: Student Information \_\_\_\_\_
- Section Three: Consent Forms \_\_\_\_\_
- Section Four: Tuition Payment Information \_\_\_\_\_
- Sacramental Preparation Registration (If applicable) \_\_\_\_\_
- Copy of Baptism Certificate (New students/Sacramental Prep. only) \_\_\_\_\_
- Volunteer Opportunities Form \_\_\_\_\_

**Please return completed packet by Sept. 1st, 2021**

## St. Jude Church, Faith Formation Program

### Registration 2021-2022

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

#### **Section 1: Family Contact Information**

Father's Full Name:	Religion:
Mother's Full Name:	Religion:
Address: (Custodial Parent)	City:
State/Zip	E-mail:
Home Phone:	Other Phone:
Non-custodial Parent (If applicable):	Religion:
Address:	City:
State/Zip:	E-mail:
Home Phone:	Other Phone:
<b>EMERGENCY CONTACT:</b>	<b>RELATIONSHIP:</b>
<b>HOME PHONE:</b>	<b>OTHER PHONE:</b>

Children/Youth to register: First, Middle, and Last Name	Birth Date	Gender	School	Grade	Baptism	Reconciliation	Eucharist	Confirmation
1.					Yes/No	Yes/No	Yes/No	Yes/No
2.					Yes/No	Yes/No	Yes/No	Yes/No
3.					Yes/No	Yes/No	Yes/No	Yes/No
4.					Yes/No	Yes/No	Yes/No	Yes/No
5.					Yes/No	Yes/No	Yes/No	Yes/No

**Section 2: Student Information**

Do any of the children enrolled have chronic illnesses or physical limitations?

Yes    No

Do any of the children have any type of learning difficulty?

Yes    No

Do any of the children attend special education classes or utilize a 504 or IEP Plan in their public school?

Yes    No

**If YES to any of these questions:** please give the name of the child, any information we may need, and how we can help:

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**If you are new to our program:** please indicate the level of prior Faith Formation training and any other information you feel would help us in working with your child/children and include a **copy of each child's Baptismal Certificate:**

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**Section 3: Consent Forms:**

**MEDIA RELEASE AND AUTHORIZATION**

I understand that by signing this Release and Authorization I hereby grant authority to

St. Jude Church for the use of any videotapes, photographs, or similar items in which my child/children might appear, or statements made by them, in the production, display, or sale of public service announcements.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Annual Consent Form/Liability Waiver:** Please make sure to fill out a separate annual consent form (additional sheet in packet) for each individual student.

**I authorize the following to pick up my children (any non-parent/guardians who plans to pick up the children MUST be listed):** \_\_\_\_\_

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

### Section 4: Tuition Payment Information

Tuition for the 2021-2022 Year:

#### For Wednesday Night Program:

One Student	Two Students	Three or More Students
\$150	\$240	\$300

**Non-Parishioner Fee: \$40.00** (Contact the Parish Office to register at St. Jude Parish!)

**OR**

#### For Home Preparation Program:

One Student	Two Students	Three or More Students
\$75	\$120	\$150

**Non-Parishioner Fee: \$20** (Contact the Parish Office to register at St. Jude Parish!)

#### Payment Options:

1. Pay entire tuition balance at time of registration
2. Pay 1/3 Payment Schedule (1/3 with registration, 2/3 by Nov. 3<sup>rd</sup>, 3/3 by Feb. 3<sup>rd</sup>.)

(The Faith Formation Office will do their best to send reminders as needed. Please do your best to have all payments returned by February 3<sup>rd</sup> at 6:30 PM!)

#### **Your Payment Plan (Please fill out):**

Number of Students	Total Tuition Due	Your Payment Option	Payment with Registration

**\*Make Checks Payable to St. Jude Church**

**Check #** \_\_\_\_\_

**If you would like to discuss the possibility of receiving financial assistance to help cover tuition costs, please contact the Parish Office at 319-390-3520 for more information.**

**Please note that any outstanding tuition from previous years must be paid in full before registrations will be accepted for this year. We will not "add on" previous tuition to your balance due this year. If you have questions about a past due balance, please contact the Faith Formation Office at 319-390-3520.**

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#### For Parish Office:

Payment	Amount	Check Number	Date
#1) September 1 <sup>st</sup>			
#2) November 3 <sup>rd</sup>			
#3) February 3 <sup>rd</sup>			

Archdiocese of Dubuque  
**2021-2022 Annual Parental/Guardian Consent Form and Liability Waiver**  
**Valid date signed through 8-31-22**

This Consent Form and Liability Waiver is required for and serves both on-site programs and off-site/field trip events/activities for the stated program year. This form needs to be completed annually for each student. To obtain the needed permission, contact, emergency and medical information you are requested to supply the needed information. As the specifics of each off-site/field trip event are known you will be required to complete an *Off-site/Field Trip Permission Form* outlining the specifics of each activity. Please complete all sections.

**Section 1 - Contact Information**

Student/Participant's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: Female  Male

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Business/Cell Phone: \_\_\_\_\_

**Section 2 - Off-site/Field Trip Consent Form and Liability Waiver**

I, \_\_\_\_\_, (Parent or Guardian's Name) grant permission for my child,

\_\_\_\_\_ (Name of Child) to participate in school/parish events this year that may require transportation to a location away from the school/parish site. The activities will take place under the guidance and direction of school/parish employees and/or volunteers of

\_\_\_\_\_ (Name of School/Parish).

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("Participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend, its officers, directors of

\_\_\_\_\_ (Name of School/Parish) and agents, and the Archdiocese of Dubuque, chaperons, or representatives associated with the events, arising from or in connection with my child attending the events or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Dubuque, chaperons, or representatives associated with the events for reasonable attorney's fees and expenses which they may incur in any action I/we may bring against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Archdiocese of Dubuque.

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

**Section 3 - Specific Medical Matters:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

**Item A - Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Item B - Other Medical Treatment:**

In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Archdiocese of Dubuque, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as vomiting, sore throat, fever, diarrhea, I want to be notified.

- Yes
- No

If Yes, Please call: \_\_\_\_\_

On-site Nonprescription Medication Permission - I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child in the event a condition arises after my child is already in attendance at the on site program.

- Yes
- No

**Item C - Specific Medical Information:** The parish/school will take reasonable care to see that the following information will be held in confidence. Check/explain all that are applicable to this student/participant.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

\_\_\_\_\_

Utilizes asthma or airway constricting prescription medication (see item 9.2 below) \_\_\_\_\_

Has a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**THIS FORM REPLACES PREVIOUS VERSIONS AS OF DATE SIGNED**

**Administration of Medication** - Archdiocesan Catholic School Board Policy 5141, items 9-10. (For Catholic School programs only)

**9. Dispensing of prescription medication**

1. For Catholic schools - Dispensing of prescription medication will be administered by a nurse or designated party with training and with the written consent of parent(s)/guardian(s). Prescription medication must be provided to the school in the original labeled container containing the physician's name, name of the medication, and dosage/frequency to be given. A record of each dose of medication administered will be documented in the pupil's health record.

2. Students utilizing asthma or airway constricting prescription medication are allowed to administer their own dosage provided a completed consent form is on file in the school/program office. Such forms must be filed annually.

3. Contraceptives will not be dispensed. Iowa Code §280.16

10. Dispensing of nonprescription medication may occur, provided the parent/guardian have signed and dated an authorization identifying medication, dosage, and time interval to be administered. Nonprescription medications can be provided on off-site field trips if the parent/guardian signs a nonprescription medication authorization for each off-site field trip.

**St. Jude Church, Sacramental Programs**

**Registration 2021-2022**

*(Please fill out one form for each individual student enrolling in Sacrament Preparation)*

**Student Information:**

Student's Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Family Email: \_\_\_\_\_  
Family Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

**Parent Information:**

Father's Full Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
Address (if different): \_\_\_\_\_ Phone: \_\_\_\_\_  
Mother's Full Name (Plus Maiden): \_\_\_\_\_ Religion: \_\_\_\_\_  
Address (if different): \_\_\_\_\_ Phone: \_\_\_\_\_

**Sacraments Student is Registering For:**

First Reconciliation and First Eucharist: \_\_\_\_\_  
Confirmation: \_\_\_\_\_

**Prerequisites:**

It is a parish policy that a student wishing to begin Sacramental Preparation must have been enrolled in either Catholic School or Faith Formation at least **one year prior to beginning their preparation**. Please indicate where your son/daughter has attended either Catholic School or Faith Formation during the 2020-2021 school year here:

**Previous Sacraments:**

Please indicate where your son/daughter has received:

Baptism: \_\_\_\_\_  
Parish Name City/State Date  
**If other than St. Jude, please include a copy of their Baptismal Certificate**

Eucharist: \_\_\_\_\_  
Parish Name: City/State Date

Reconciliation: \_\_\_\_\_  
Parish Name: City/State Date

**Materials Fee:**

**First Reconciliation/First Eucharist: \$45.00**

**Confirmation: \$70.00**

Your materials fee must be paid in full when you turn in your registration. *Materials fee will be processed totally separate from Faith formation Tuition.* If you have a student in our Wednesday Night Faith Formation Program, you will need to write a **separate check** for any Sacrament Materials fees:

Return registrations by September 1st, 2021 to the St. Jude Parish Office

For Business Office:

Total Students Registered: \_\_\_\_\_ Date Payment Received: \_\_\_\_\_

Total Materials Fee Due: \_\_\_\_\_ Check #: \_\_\_\_\_



## Volunteer Opportunities

St. Jude's Faith Formation Team is seeking faith-filled adults who wish to help us serve the children and youth in our Parish through the Wednesday Night Faith Formation and Sacramental Preparation Programs. Check out the opportunities below!

### Wednesday Night Faith Formation Program

#### **Catechist**

Catechists teach a specific grade in our program most Wednesday night during the school year. Catechists are provided with manuals, the Catechist version of the textbook, and lesson plans for the year. Catechists must be Confirmed, in good standing with the Church, and committed to accurately presenting the teachings of the Church to our children and youth.

Name: \_\_\_\_\_ Grade Preferred: \_\_\_\_\_

#### **Classroom Aide**

Classroom Aides assist the Catechist during class: gathering supplies, helping maintain order, etc. Classroom Aides are also provided with a manual, and lesson plans.

Name: \_\_\_\_\_ Grade Preferred: \_\_\_\_\_

#### **Substitute Catechist**

Ideal for those with a busy schedule, but a desire to share their faith with others! Materials and lesson plans are given in advance to help you prepare!

Name: \_\_\_\_\_

#### **Hall Monitor**

Hall Monitors help take attendance, gather supplies, make copies, etc.

Name: \_\_\_\_\_

### Sacramental Preparation Programs

#### **First Reconciliation/Eucharist**

Help with Retreats \_\_\_\_\_

Assist with preparation of materials as needed (often from home) \_\_\_\_\_

#### **Confirmation**

Assist with preparation of materials as needed (often from home) \_\_\_\_\_

Chaperone for Confirmation Retreat \_\_\_\_\_

**Confirmation Guide:** lead a small group of Confirmation students during our monthly Sunday night sessions-present from textbook, lead activities, facilitate discussion. All materials sent to guides in advance! \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_