

Family Last Name _____

2021-2022 Family Faith Formation - Registration Form

Home Parish: _____

<i>Father's Full Name</i>	<i>Religion</i>
<i>Mother's Full Name</i>	<i>Religion</i>
<i>Mother's Maiden Name</i>	
<i>Address (of custodial parent/s)</i>	<i>City</i>
<i>State/Zip</i>	<i>E-mail</i>
<i>Mother Cell Ph#</i>	<i>Father Cell Ph#</i>
EMERGENCY CONTACT NAME	<i>Relationship</i>
<i>Home Phone</i>	<i>Cell Phone</i>
<i>Notes:</i>	

<i>Children/Youth to Register First, Middle, Last Name Please</i>	<i>Birth Date</i>	<i>Gender</i>	<i>Age</i>	<i>Grade</i>	<i>Baptism</i>	<i>Reconciliation</i>	<i>Communion</i>	<i>Confirmation</i>
1.					<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>
2.					<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>
3.					<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>
4.					<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>
5.					<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>

Please list all persons living in your home:

Do any of the children enrolled have allergies, 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 the public school? *Yes No*
If yes to any of these questions, please give the name of the child, any information we made need, and how we can help:

If you are new to our program, please indicate level of prior Faith Formation training and any other information you feel would help us in working with your child/children:

Dual Parent Reporting: Please describe any requests regarding reporting to both parents in situations when the child does not reside with both parents: _____

REGISTRATION FEE is \$75 per student + sacramental fee (see below)

Additional fees may be collected for retreats, rallies, and/or field trips as necessary.

Please pay by cash or check. Checks can be made out to St. Joseph Key West

SACRAMENTAL PREPARATION: There is an additional sacramental fee for the additional materials. The First Reconciliation & First Eucharist fee is \$25 and the Confirmation fee is \$35.

First Reconciliation & First Eucharist:

(Name): _____ will be
preparing for the Sacraments of Reconciliation & Eucharist.

Confirmation:

(Name): _____ will be
preparing for the Sacrament of Confirmation.

For Parish Office Use Only:

Amount Paid _____ Date Paid _____

Cash/Check/Online _____

Sacramental Fee (if applicable) _____

Plans for Future Payment:

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

St. Joseph Key West / Holy Family (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 St. Joseph Key West / Holy Family (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 Board of Education Policy 5141, items 9-10.

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.

Authorization and Release to Media

Parishes/schools ask parents/guardians to sign a Release and Authorization form for the use of any videos, photographs or similar items used by the parish or cluster on a parish web page or other parish publication.

RELEASE AND AUTHORIZATION

I understand that by signing this Release and Authorization I hereby grant authority to St. Joseph Key West and Holy Family Parishes for the use of any videos, photographs, or (parish/school)

similar items in which my child/children might appear, or statements made by them, to be used on the parish website, parish bulletin, or parish social media.

Note: no children's names will be published without specific prior consent.

Parent/Guardian's signature

Date

Yes, I consent.

No, I do not consent.

Comments: