



St. John Bosco Parish

23830 Front Avenue, Mattawan, MI 49071 • www.stjohnbosco.com • Phone: 269-668-3312 • Fax: 269-668-3313

Dear Parents,

Welcome back to in person religious education! The 2021-2022 Religious Education year at St. John Bosco will once again offer on-site learning! We were meant to be in community with one another! Yes, we will be sanitizing and taking precautions. The Dioceses is always updating our regulations. If you feel you are still not ready to return, I understand. Please let me know and I will have options for you.

Please complete new registration and medical forms. Even if your student is in high school, a new form is necessary to participate in High School Youth Group activities.

Because the mass times have changed, Elementary religious ed will be 10:15 – 11:30 Sunday morning and Middle School will be Sunday evening at 6:30 – 8, and High School is 6:00 – 8:00.

Our *tentative* start date will be September 19th. I still need more teachers before I can start the program. Please keep an eye on your email for updates.

Thank you so much for your patience as we get back on our feet!

Johnna Makuch

A handwritten signature in cursive script that reads "Johnna Makuch".

Director of Religious Education

St. John Bosco Parish

23830 Front Ave.

Mattawan, MI 49071

**St. John Bosco & St. Margaret Mary
Religious Education Registration**

Today's Date _____ Registered in Parish _____ Yes _____ No _____ Family ID _____

| | | |
|-------------------|------------|---------------|
| Office Use Only | | Initial _____ |
| Check # _____ | Cash _____ | |
| Amount Due _____ | Date _____ | |
| Amount Paid _____ | Date _____ | |

Family Last Name: _____

Street Address _____ City/State _____ Zip _____

Home Phone _____ Primary Email _____

| | | | | | |
|---|--|-----------------------|---|--|-----------------------|
| FATHER: Marital Status <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> W | | | MOTHER: Marital Status <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> W | | |
| _____ (Last Name) | | _____ (First Name) | _____ (Last Name) | | _____ (First Name) |
| _____ (Maiden Name) | | | _____ (Last Name) | | _____ (First Name) |
| Religion _____ | | Work _____ | Religion _____ | | Work _____ |
| Birthdate _____ | | Cell _____ | Birthdate _____ | | Cell _____ |

| Child's Name (Include last if different) | Grade | Session | Birthdate | Birth City-State | Gender |
|--|-------|---------|-----------|------------------|-----------------|
| #1 _____ | _____ | _____ | _____ | _____ | M _____ F _____ |
| #2 _____ | _____ | _____ | _____ | _____ | M _____ F _____ |

_____ Please indicate here if THIS YEAR will be the first year of religious formation for the children.

Y N My children attended a Religious Formation program last year.

Y N I have provided a copy of the baptismal certificate for each of my children.

Y N Either St. John Bosco and St. Margaret Mary is my home parish. If not, please write in home parish. _____

Please write the public school system your child(ren) attend(s). _____

| CHILD'S NAME | BAPTISM | FIRST EUCHARIST | CONFIRMATION |
|--|---------|-----------------|--------------|
| Date _____ Name of Church _____ City/State _____ | | | |
| Date _____ Name of Church _____ City/State _____ | | | |

Medical Conditions/Medications/Special Needs _____

EMERGENCY CONTACT (other than parent/guardian):

Name and Relationship

Phone

PHOTO AUTHORIZATION:

I understand that photos may be taken of my child(ren) participating in the St. John Bosco Religious Education Program. I hereby grant permission for St. John Bosco staff/volunteers to use said photographs, video recordings or electronic images in any and all of its publications, including bulletin, website and Diocesan newspaper.

Parent or Guardian signature

Medical Treatment Authorization

To Whom It May Concern:

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

Address of Minor: _____ City: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contacts, 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 of 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)

A Place to BELONG



St John Bosco High School Youth Group!

The High School Youth Group is not a class, it is an opportunity for High School students to continue to grow in their faith while making lifelong friends. We have discussion, field trips, retreats, guest speakers, and always FOOD!!! High School students are encouraged to attend as many youth events as their schedule allows, but we understand busy schedules, so come when you can!

