

# ST. DOMINIC FAITH FORMATION REGISTRATION (PRE-SCHOOL – EIGHTH GRADE)

Classes begin October 2/3 2018 (pending the Faith Formation Center readiness)

**One form per student/complete both sides of this form – Return Registration by September 1, 2018**

Student Name \_\_\_\_\_ Primary Phone# \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Grade 2018-2019 \_\_\_\_\_  
School Attending: \_\_\_\_\_ At which parish are you registered? \_\_\_\_\_  
Has this child received prior formation?  yes  no Place \_\_\_\_\_ Date \_\_\_\_\_  
Father's Name \_\_\_\_\_ Religion \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Guardian Name (if applicable) \_\_\_\_\_ Religion \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Family Situation we should be aware of: \_\_\_\_\_  
Email \_\_\_\_\_ **E-mail will be used for ALL correspondence.** Please check it regularly

Address \_\_\_\_\_  
Number Street City, State Zip

Special Learning Needs \_\_\_\_\_  
\_\_\_\_\_

Medical conditions/allergies we should be made aware of  Asthma  Diabetes  Seizures  
 Heart Problems Other \_\_\_\_\_

I authorize the following people to pick up my child from the Faith Formation Program

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

### Emergency Information

Emergency contacts in the event that the parent/guardian CANNOT be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

**Please inform us if your child has received the following sacraments:**

Baptism Yes/No  
First Reconciliation Yes/No  
Confirmation Yes/No  
First Eucharist Yes/No

**IMPORTANT: Sacramental Preparation classes are SEPARATE from Faith Formation and take place at the parish where you are registered members. Please contact your parish leader for more information. St. Dominic families contact Chris Platko, DRE at 799-2334**

**Day attending Faith Formation:**  Tuesday 4:15-5:30pm  Wednesday 1:00-2:30pm  Wednesday 5:30-6:45pm  
(Pre-school—8<sup>th</sup> grade) (Pre-school—5<sup>th</sup> grade) (Pre-school—5<sup>th</sup> grade)

**Fee:** \$25 per child. *Payment is due prior to the first class.* All sessions will be held at the St. Stephen Campus. Please make checks payable to St. Dominic Parish. No child will be denied religious education due to financial difficulties. Please contact the Director of Faith Formation if you are unable to pay.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DIOCESE OF SAGINAW  
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: \_\_\_\_\_

Reason for which release is intended: Faith Formation 2017/2018

Address of Minor: \_\_\_\_\_ City: \_\_\_\_\_

Emergency Phone(s): ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_ City: \_\_\_\_\_

List any allergies, medications, 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 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)

**MEDIA RELEASE FORM**

St. Dominic Parish will not photograph, videotape and/or voice tape individuals in its programs without consent. This form allows you to give permission for your child/children to be photographed, videotaped and/or voice taped by parish personnel and/or area news reporters. Photographs, videotapes and/or voice tapes, when consented to, will only be used for the purposes you specify below.

I, \_\_\_\_\_, hereby **give permission** for the personnel of St. Dominic Parish to photograph, videotape and/or voice tape my child/children (or allow area news reporters to do the same) for purposes of **(circle the items that you will allow)**:

**1. Public Information for Promotion of Parish Programs**

**2. In-Parish Purposes Only**

*This consent must be re-examined and signed each year.*

**Parent/Guardian Signature:** \_\_\_\_\_

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

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

**\*\* PLEASE COMPLETE BOTH SIDES OF THIS FORM \*\***