



Registration Fact Sheet
Youth Ministry: Grades 6th through 12th
2021-2022 Faith Formation Program

PART ONE: PARENT INFORMATION (Please Print Clearly)

Student's Last Name _____ In Class Option _____ At Home Option _____

Parent's Name _____
Mother (First, Maiden & Last Name) _____ Father (First & Last Name) _____

Mother's Mailing Address _____

Mother's Phone Number _____

Mother's E-mail Address _____

Father's Mailing Address _____
(If different from above)

Father's Phone Number _____
(If different from above)

Father's E-mail Address _____

Children live with: Father & Mother ___ Joint Custody ___ Father ___ Mother ___ Legal Guardian ___ Other ___

Are you currently registered and active members of St. Catherine of Siena Parish? ___ yes ___ no How long? _____

Emergency contacts (if parents cannot be reached):

#1 Name _____ Relationship _____

Home Phone _____ Cell Phone _____

#2 Name _____ Relationship _____

Home Phone _____ Cell Phone _____

***There is no cost for the Youth Ministry program. Donations are welcome.**

PART TWO: STUDENT INFORMATION

Child #1 (Oldest Child) **Date of possible High School graduation:** _____

Student Name _____ Gender: M F
(First, Middle & Last Name)

Date of Birth _____ Age _____ Grade in Fall 2021 _____ School Attending _____

Faith Formation Grade for Fall **2021**: 12 11 10 9 8 7 6

Email address: _____ Cell Phone: _____

Was your child Baptized? () yes () no _____
(Where? Parish & City)

Does your child have any medical conditions that we should be aware of? () yes () no

If yes, please list _____

Child #2 **Date of possible High School graduation:** _____

Student Name _____ Gender: M F
(First, Middle & Last Name)

Date of Birth _____ Age _____ Grade in Fall 2021 _____ School Attending _____

Faith Formation Grade for Fall **2021**: 12 11 10 9 8 7 6

Email address: _____ Cell Phone: _____

Was your child Baptized? () yes () no _____
(Where? Parish & City)

Does your child have any medical conditions that we should be aware of? () yes () no

If yes, please list _____

Child #3 **Date of possible High School graduation:** _____

Student Name _____ Gender: M F
(First, Middle & Last Name)

Date of Birth _____ Age _____ Grade in Fall 2021 _____ School Attending _____

Faith Formation Grade for Fall **2021**: 12 11 10 9 8 7 6

Email address: _____ Cell Phone: _____

Was your child Baptized? () yes () no _____
(Where? Parish & City)

Does your child have any medical conditions that we should be aware of? () yes () no

If yes, please list _____

Child #4

Date of possible High School graduation: _____

Student Name _____ Gender: M F
(First, Middle & Last Name)

Date of Birth _____ Age _____ Grade in Fall 2021 _____ School Attending _____

Faith Formation Grade for Fall **2021**: 12 11 10 9 8 7 6

Email address: _____ Cell Phone: _____

Was your child Baptized? () yes () no _____
(Where? Parish & City)

Does your child have any medical conditions that we should be aware of? () yes () no

If yes, please list _____

Child #5

Date of possible High School graduation: _____

Student Name _____ Gender: M F
(First, Middle & Last Name)

Date of Birth _____ Age _____ Grade in Fall 2021 _____ School Attending _____

Faith Formation Grade for Fall **2021**: 12 11 10 9 8 7 6

Email address: _____ Cell Phone: _____

Was your child Baptized? () yes () no _____
(Where? Parish & City)

Does your child have any medical conditions that we should be aware of? () yes () no

If yes, please list _____

Child #6

Date of possible High School graduation: _____

Student Name _____ Gender: M F
(First, Middle & Last Name)

Date of Birth _____ Age _____ Grade in Fall 2021 _____ School Attending _____

Faith Formation Grade for Fall **2021**: 12 11 10 9 8 7 6

Email address: _____ Cell Phone: _____

Was your child Baptized? () yes () no _____
(Where? Parish & City)

Does your child have any medical conditions that we should be aware of? () yes () no

If yes, please list _____

PART THREE: MEDICAL AUTHORIZATION / MEDIA RELEASE

DIOCESE OF SAGINAW MINOR 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 Minors & Relationship to you:

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____

Reason for which release is intended: St. Catherine of Siena Events

Address of Minor(s): _____ City: _____

Emergency Phone(s): #1 _____ #2 _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

Please 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 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. Catherine of Siena 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, guests and/or news reporters. Photographs, videotapes and/or voice tapes, when consented to, will be used for teaching and promotion purposes.

I, _____, hereby **give permission** for the personnel of St. Catherine of Siena Parish to photograph, videotape and/or voice tape my child/children (or allow guests and/or news reporters to do the same):

- Student Name(s): 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____

Date: _____ Signed: _____

(Parent or Guardian)

* Medical Authorization and Media Release Forms are valid for one year.

St. Catherine of Siena Parish Youth Ministry Parent/Student Volunteer Form

Throughout the year there will be occasions when extra assistance is needed.
Please check any that you and/or your child would be willing to consider helping with.

Parent	Youth	Area where help needed
		<u>Mass Ministries</u> – Altar Server, Greeter, Usher, Lector (good readers only, please) singing, bells/chimes (training will be provided)
		<u>Food of Faith</u> – Prepare and serve food to the homeless; clean up after dinner (once or twice per year; high school volunteer hours earned)
		<u>Big Raffle Sales</u> – Sell before and/or after Masses and at special events
		<u>Trivia Fundraiser</u> – Help promote; MC event; sell specials during event; pick up answer cards; keep score; sell beverages (18+ only for alcohol)
		<u>Puppet Ministry</u> – Help transport; puppeteer; sound person
		<u>Snacks</u> - Bake Cookies; bring snacks or other treats
		<u>Hall Monitor</u> - The safety of our children is crucial (sign-up sheet will be in hallway)
		<u>Faith Formation Commission</u> - We meet approximately once per month through the school year (age requirement – 16 years or older)
		<u>On Site Youth Events</u> – Setup, kitchen (food prep & cooking), cleanup

Parent Name: _____

Phone: _____ Email address _____

Youth Name: _____ Grade: _____

Youth Name: _____ Grade: _____

Youth Name: _____ Grade: _____

Youth Name: _____ Grade: _____