



**Registration Fact Sheet**  
**2023-2024 Faith Formation Program**

**Catechesis of the Good Shepherd 3yr – K**  
**Faith Formation 1<sup>st</sup> – 5<sup>th</sup> Grade**  
**Youth Ministry Grades 6<sup>th</sup> – 12<sup>th</sup>**

***PART ONE: PARENT INFORMATION (Please Print Clearly)***

**Student's Last Name** \_\_\_\_\_

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

Mother's Mailing Address \_\_\_\_\_  
(Address, City, State & Zip)

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 a small cost for the 2023/24 year.***

***\$10.00 per child not to exceed \$30.00\****

**Unregistered families \$50.00 per child not to exceed \$150.00 per family.**

\* No child will be turned away because of the inability to contribute.  
Scholarships are available. Contact Lori Marsh at the parish office for more information.

**PART TWO: STUDENT INFORMATION**

**Child #1 (Oldest Child)**

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in Fall 2023 \_\_\_\_\_ School Attending \_\_\_\_\_

Faith Formation Grade for Fall 2023: 12 11 10 9 8 7 6 5 4 3 2 1 K PS4 PS3  
(Youth Ministry) (Faith Formation) (CGS)

Will your child be involved in sacramental preparation? \_\_\_ Confirmation \_\_\_ 1<sup>st</sup> Eucharist \_\_\_ Reconciliation

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**

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in Fall 2023 \_\_\_\_\_ School Attending \_\_\_\_\_

Faith Formation Grade for Fall 2023: 12 11 10 9 8 7 6 5 4 3 2 1 K PS4 PS3  
(Youth Ministry) (Faith Formation) (CGS)

Will your child be involved in sacramental preparation? \_\_\_ Confirmation \_\_\_ 1<sup>st</sup> Eucharist \_\_\_ Reconciliation

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**

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in Fall 2023 \_\_\_\_\_ School Attending \_\_\_\_\_

Faith Formation Grade for Fall 2023: 12 11 10 9 8 7 6 5 4 3 2 1 K PS4 PS3  
(Youth Ministry) (Faith Formation) (CGS)

Will your child be involved in sacramental preparation? \_\_\_ Confirmation \_\_\_ 1<sup>st</sup> Eucharist \_\_\_ Reconciliation

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**

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in Fall 2023 \_\_\_\_\_ School Attending \_\_\_\_\_

Faith Formation Grade for Fall 2023: 12 11 10 9 8 7 6 5 4 3 2 1 K PS4 PS3  
(Youth Ministry) (Faith Formation) (CGS)

Will your child be involved in sacramental preparation? \_\_\_ Confirmation \_\_\_ 1<sup>st</sup> Eucharist \_\_\_ Reconciliation

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**

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in Fall 2023 \_\_\_\_\_ School Attending \_\_\_\_\_

Faith Formation Grade for Fall 2023: 12 11 10 9 8 7 6 5 4 3 2 1 K PS4 PS3  
(Youth Ministry) (Faith Formation) (CGS)

Will your child be involved in sacramental preparation? \_\_\_ Confirmation \_\_\_ 1<sup>st</sup> Eucharist \_\_\_ Reconciliation

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**

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in Fall 2023 \_\_\_\_\_ School Attending \_\_\_\_\_

Faith Formation Grade for Fall 2023: 12 11 10 9 8 7 6 5 4 3 2 1 K PS4 PS3  
(Youth Ministry) (Faith Formation) (CGS)

Will your child be involved in sacramental preparation? \_\_\_ Confirmation \_\_\_ 1<sup>st</sup> Eucharist \_\_\_ Reconciliation

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

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

Phone: \_\_\_\_\_ Email address \_\_\_\_\_

Child/ren Interested:

1) \_\_\_\_\_ Grade: \_\_\_\_\_ 2) \_\_\_\_\_ Grade: \_\_\_\_\_

3) \_\_\_\_\_ Grade: \_\_\_\_\_ 4) \_\_\_\_\_ Grade: \_\_\_\_\_

5) \_\_\_\_\_ Grade: \_\_\_\_\_ 6) \_\_\_\_\_ Grade: \_\_\_\_\_