

# SAINT CATHERINE OF SIENA PARISH

OF BAY CITY

2956 E NORTH UNION RD.  
BAY CITY, MI 48706



PHONE: (989) 684-1203  
FAX: (989) 684-4925

## 2025-2026 Faith Formation Program

### Registration Fact Sheet

Catechesis of the Good Shepherd 3 years old – Kindergarten

Faith Formation 1<sup>st</sup> – 5<sup>th</sup> Grades

Youth Ministry 6<sup>th</sup> – 12<sup>th</sup> Grades

***There is a small cost for the 2025 – 2026 school year.  
\$10.00 per child, not exceeding \$30.00\* per family.***

**Unregistered families pay \$50.00 per child, not exceeding \$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.*

Pay at  
[scsparish.com/online-giving](https://scsparish.com/online-giving)

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

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

Mother's Name \_\_\_\_\_  
Last First Middle

Mother's Mailing Address \_\_\_\_\_

Mother's Phone Number \_\_\_\_\_ Mother's E-mail Address \_\_\_\_\_

Father's Name \_\_\_\_\_  
Last First Middle

Father's Mailing Address \_\_\_\_\_  
(If different from above)

Father's Phone Number \_\_\_\_\_ Father's E-mail Address \_\_\_\_\_  
(If different from above)

Children live with:

Are you currently registered and active members of St. Catherine of Siena Parish? \_\_\_\_\_ How long? \_\_\_\_\_

**Emergency contacts (if parents cannot be reached):** **CAN NOT be a parents name**

#1 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

#2 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Child #1 (Oldest Child)

## Child #4

Student Name \_\_\_\_\_ Gender: \_\_\_\_\_  
 (Last) (First) (Middle)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in Fall 2025 \_\_\_\_\_ School Attending \_\_\_\_\_

## Faith Formation Grade for Fall 2025:

Will your child be involved in sacramental preparation?

\*Was your child Baptized? If Yes, where? \_\_\_\_\_ City \_\_\_\_\_

Does your child have any medical conditions that we should be aware of?

If yes, please list \_\_\_\_\_

## Child #5

Student Name \_\_\_\_\_ Gender: \_\_\_\_\_  
 (Last) (First) (Middle)  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in Fall 2025 \_\_\_\_\_ School Attending \_\_\_\_\_

## Faith Formation Grade for Fall 2025:

Will your child be involved in sacramental preparation?

\*Was your child Baptized? If Yes, where? \_\_\_\_\_ City \_\_\_\_\_

Does your child have any medical conditions that we should be aware of?

If yes, please list \_\_\_\_\_

## Child #6

Student Name \_\_\_\_\_ Gender: \_\_\_\_\_  
 (Last) (First) (Middle)  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in Fall 2025 \_\_\_\_\_ School Attending \_\_\_\_\_

## Faith Formation Grade for Fall 2025:

Will your child be involved in sacramental preparation?

\*Was your child Baptized? If Yes, where? \_\_\_\_\_ City \_\_\_\_\_

Does your child have any medical conditions that we should be aware of?

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.

**Please list any minor's you are registering and their relationship to you below:**

- |  |  |
|--|--|
| 1. _____ Relationship to you:<br>Name of Minor | 2. _____ Relationship to You:<br>Name of Minor |
| 3. _____ Relationship to you:<br>Name of Minor | 4. _____ Relationship to You:<br>Name of Minor |
| 5. _____ Relationship to you:<br>Name of Minor | 6. _____ Relationship to You:<br>Name of Minor |

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 help with.**

Parent	Child/ Youth	Area Where Help is Needed
		<b><u>Mass Ministries</u></b> – Altar Server, Cross Bearer, Greeter, Usher, Lector, Cantor, Bell/Chimes (training will be provided).
		<b><u>Rummage Sale</u></b> – Help set up, sort, sales, assist customers, clean/pack up day
		<b><u>Catechist, Youth Minister, or Catechesis of the Good Shepherd leader</u></b> – Work toward being trained for a position teaching children in the faith. (We currently need someone for CGS 3- to 5-year-olds.
		<b><u>Teachers Aid</u></b> – Help assist in a classroom, grade's CGS – Youth Ministry
		<b><u>Puppet Ministry</u></b> – Help promote the event. Transport the puppet stage and puppets. Be a Puppeteer. Work the sound system with training. Provide setup and cleanup assistance.
		<b><u>Snacks</u></b> – Bake treats or bring snacks (chips, candy, cookies, etc.).
		<b><u>Soup Supper/ Graduation Dinner Helper</u></b> – Assist in cooking, serving, purchasing, and cleaning during our youth events.
		<b><u>Faith Formation Commission</u></b> – We meet approximately once per month throughout the school year (age requirement – 16 years or older).
		<b><u>Events</u></b> – Examples: VBS, Soup Suppers, Sacramental Prep, lock-ins/outs, etc. - Setup, kitchen help (food prep & cooking), cleanup

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

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

Child/ren Interested:

- |                 |                 |
|-----------------|-----------------|
| 1) _____ Grade: | 5) _____ Grade: |
| 2) _____ Grade: | 6) _____ Grade: |
| 3) _____ Grade: | 7) _____ Grade: |
| 4) _____ Grade: | 8) _____ Grade: |