



SAINT CATHERINE OF SIENA

— PARISH OF BAY CITY —

2026-2027 Faith Formation Program

Registration Fact Sheet

Catechesis of the Good Shepherd 3 years old – Kindergarten

Faith Formation 1st – 5th Grades

Youth Ministry 6th – 12th Grades

There is a small cost for the 2026 – 2027 school year.

*\$10.00 per child, not to exceed \$30.00 *per family.*

Unregistered families pay \$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 ONE: PARENT INFORMATION (Please Print Clearly)

Family'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 _____

PART TWO: STUDENT INFORMATION

Child #1 (Oldest Child)

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

Date of Birth _____ Age _____ Grade in Fall 2026 _____ School Attending _____

Faith Formation Grade for Fall 2026: 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 _____ 1st Eucharist _____ Reconciliation
(12 years old or older) (2nd grade) (2nd grade)

*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 2026 _____ School Attending _____

Faith Formation Grade for Fall 2026: 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 _____ 1st Eucharist _____ Reconciliation
(12 years old or older) (2nd grade) (2nd grade)

*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 2026 _____ School Attending _____

Faith Formation Grade for Fall 2026: 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 _____ 1st Eucharist _____ Reconciliation
(12 years old or older) (2nd grade) (2nd grade)

*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 2026 _____ School Attending _____

Faith Formation Grade for Fall 2026: 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 _____ 1st Eucharist _____ Reconciliation _____
(12 years old or older) (2nd grade) (2nd grade)

*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 2026 _____ School Attending _____

Faith Formation Grade for Fall 2026: 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 _____ 1st Eucharist _____ Reconciliation _____
(12 years old or older) (2nd grade) (2nd grade)

*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 2026 _____ School Attending _____

Faith Formation Grade for Fall 2026: 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 _____ 1st Eucharist _____ Reconciliation _____
(12 years old or older) (2nd grade) (2nd grade)

*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 Parish 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)

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	Areas where help is needed
		<u>Mass Ministries</u> – Altar Server, Cross Bearer, Greeter, Usher, Lector, Cantor, Bell/Chimes (training will be provided).
		<u>Rummage Sale</u> – Help set up, sort, sales, assist customers, clean/pack up day
		<u>Catechist, Youth Minister, or Catechesis of the Good Shepherd leader</u> – Work toward being trained for a position teaching children in the faith. (We currently need someone for CGS 3- to 5-year-olds.
		<u>High School-aged Teachers' Aides</u> – Help assist in a classroom, grade's CGS – 1st
		<u>Puppet Ministry</u> : Help promote the event. Transport the puppet stage and puppets. Be a Puppeteer. Work the sound system with training. Provide setup and cleanup assistance.
		<u>Snacks</u> – Bake/purchase treats or snacks (chips, candy, cookies, etc.).
		<u>Soup Supper/ Graduation Reception Helper</u> – Assist in cooking, serving, purchasing, and cleaning during our youth events.
		<u>Faith Formation Commission</u> - We meet approximately once per month throughout the school year (age requirement – 16 years or older).
		<u>On Site Events</u> – 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: _____ |