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

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 exceeding $30.00* per family.

Pay at
scsparish.com/online-giving

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.

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_____

PART TWO: STUDENT INFORMATION

Child #1 (Oldest Child)

Student Name _____Gender:
(Last) (first) (Middle)

Date of Birth _____Age Grade in Fall 2026 School Attending_____

Faith Formation Grade for Fall **2026**:

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 #2

Student Name _____Gender:
(Last) (First) (Middle)

Date of Birth _____Age Grade in Fall 2026 School Attending_____

Faith Formation Grade for Fall **2026**:

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 #3

Student Name _____Gender:
(Last) (First) (Middle)

Date of Birth _____Age Grade in Fall 2026 School Attending_____

Faith Formation Grade for Fall **2026**:

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 #4

Student Name _____Gender:
(Last) (First) (Middle)

Date of Birth _____Age Grade in Fall 2026 School Attending_____

Faith Formation Grade for Fall **2026**:

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 2026 School Attending_____

Faith Formation Grade for Fall **2026**:

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 2026 School Attending_____

Faith Formation Grade for Fall **2026**:

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: _____
   Name of Minor
2. _____ Relationship to You: _____
   Name of Minor
3. _____ Relationship to you: _____
   Name of Minor
4. _____ Relationship to You: _____
   Name of Minor
5. _____ Relationship to you: _____
   Name of Minor
6. _____ Relationship to You: _____
   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, herby 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
		Mass Ministries – Altar Server, Cross Bearer, Greeter, Usher, Lector, Cantor, Bell/Chimes (training will be provided).
		Rummage Sale – Help set up, sort, sales, assist customers, clean/pack up day
		Catechist, Youth Minister, or Catechesis of the Good Shepherd leader – Work toward being trained for a position teaching children in the faith. (We currently need someone for CGS 3- to 5-year-olds.
		Teachers Aid – Help assist is a classroom, grade's CGS – Youth Ministry
		Puppet Ministry – Help promote the event. Transport the puppet stage and puppets. Be a Puppeteer. Work the sound system with training. Provide setup and cleanup assistance.
		Snacks – Bake treats or bring snacks (chips, candy, cookies, etc.).
		Soup Supper/ Graduation Dinner Helper – Assist in cooking, serving, purchasing, and cleaning during our youth events.
		Faith Formation Commission – We meet approximately once per month throughout the school year (age requirement – 16 years or older).
		Events – 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:
2) _____ Grade:
3) _____ Grade:
4) _____ Grade:
5) _____ Grade:
6) _____ Grade:
7) _____ Grade:
8) _____ Grade: