

# Tri-Parish Faith Formation Program Registration Form 2019-2020

\*This is a confidential form used only for planning purposes and emergency situations.\*

Please ✓ check your parish:  Immaculate Conception  Sacred Heart  St. Rose of Lima

## PART I: Registration Please PRINT clearly

Family Name: \_\_\_\_\_

<input type="radio"/> Primary Address Father's Name: _____ Address: _____ Home Phone: _____ Cell Phone: _____ E-mail: _____ Can you receive texts: Yes No	<input type="radio"/> Primary Address Mother's Name: _____ Address: _____ Home Phone: _____ Cell Phone: _____ E-mail: _____ Can you receive texts: Yes No
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Name of Child \_\_\_\_\_  
Grade of Child (School Year: 2019-20) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: M  F   
School Attending \_\_\_\_\_  
Special Needs/Health Issues/Allergies \_\_\_\_\_

Name of Child \_\_\_\_\_  
Grade of Child (School Year: 2019-20) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: M  F   
School Attending \_\_\_\_\_  
Special Needs/Health Issues/Allergies \_\_\_\_\_

Name of Child \_\_\_\_\_  
Grade of Child (School Year: 2019-20) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: M  F   
School Attending \_\_\_\_\_  
Special Needs/Health Issues/Allergies \_\_\_\_\_

Name of Child \_\_\_\_\_  
Grade of Child (School Year: 2019-20) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: M  F   
School Attending \_\_\_\_\_  
Special Needs/Health Issues/Allergies \_\_\_\_\_

## Part II: Emergency Contact

I authorize the person listed below to act in my behalf if I am not able to be contacted:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_

Hospital/Medical Center: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

(over)

**Part III: Fees**

If payment of fees presents a difficulty for your family, please contact the Director of Faith Formation for options.

Faith Formation Materials Fee: **\$70– 1st child, \$50– 2nd, \$30– 3rd child and more**

Fees for <b>One</b> Child— <u>BEFORE</u> May 10	\$70	Fees for One Child— <u>AFTER</u> May 10	\$120
Fees for <b>Two</b> Children— <u>BEFORE</u> May 10	\$120	Fees for Two Children— <u>AFTER</u> May 10	\$220
Fees for <b>Three</b> Children— <u>BEFORE</u> May 10	\$150	Fees for Three Children— <u>AFTER</u> May 10	\$300
Fees for <b>Four</b> Children— <u>BEFORE</u> May 10	\$180	Fees for Four Children— <u>AFTER</u> May 10	\$380

**Sacred Heart School Parents:**

You do not need to register your child on this form. Your fees for grades K-6 are included in your Tuition Fee at SHS.

**Part IV: Consent**

**Photograph and Video Consent**

From time to time, pictures and videos may be taken of Faith Formation or Youth Ministry events and gatherings. We would like to be able to use these photographs and videos for flyers, parish publications, and the ministry websites. Written consent by the parent/guardian is required. Names will not be posted unless written authorization is given by the parent/guardian. If there are concerns about pictures or videos posted on the website, please contact the ministry coordinator and they will promptly be removed.

- I, the parent/guardian of this/these youth/s (name/s) \_\_\_\_\_, authorize and give full consent, without limitation or reservation, to the Tri-Parish of Sacred Heart, Immaculate Conception, and Saint Rose of Lima, to publish any photograph or video in which the above named student/s appears while participating in any program associated with the Tri-Parish Faith Formation and/or Youth Ministries. There will be no compensation for use of any photograph or video at the time of publication or in the future.
- I, the parent/guardian of this/these youth/s (name/s) \_\_\_\_\_, do **not** wish for child’s photo be published.

Parent/Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Part V: Volunteers**

There are many ways you can help our Tri-Parish Faith Formation Program thrive! Please let us know if you would be willing to help in any of the following ways:

**Elementary Grade Program or Second Grade Sacramental Prep**

- Teach an elementary age Faith Formation class

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

Other: \_\_\_\_\_

**Junior/Senior High Program**

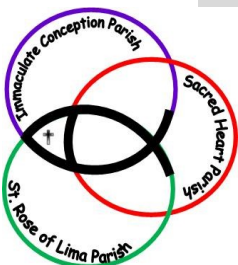
- Teach a Jr/Sr High Faith Formation Class
- Assist with Service Events

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

Other: \_\_\_\_\_

**Thank you for being willing to lead our children closer to Jesus!**

**REGISTRATION FORM AND PAYMENT DUE BY MAY 11TH!**



**Thank you!**

*Amy Hoeschen*, Tri-Parish Director of Faith Formation & Youth Coordinator  
*Chrystal Sand*, Assistant Tri-Parish Director of Faith Formation  
 Tri-Parish Office 320-836-2143

<b>OFFICE USE ONLY:</b>
Date: _____
Initials: _____
Amount: _____
Method: _____
Cash: _____
Check # _____
Other: _____
_____