***2022-2023 St. Mary's Faith Formation Registration Form***

***Religious Education and Youth Ministry***

**Cost: $25/child, Max $75/family - Please make checks payable to St. Mary's Catholic Church.**

**Office Use:**

**Paid: $\_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_**

**DEADLINE TO REGISTER IS SEPTEMBER 25, 2022**

*If Financial Assistance is required, please contact Kim Leininger.*

**Return Forms to:**

St. Mary's Catholic Church – Attn: Faith Formation

512 W. Thomas

Shenandoah, Iowa 51601

**Mother's Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Email**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father's Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Email**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City, State, Zip** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Names of each child being registered:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_ Birthday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_

Sacraments Received Baptism Sacraments Received Baptism

 Reconciliation Reconciliation

 Eucharist Eucharist

 Confirmation Confirmation

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_ Birthday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_

Sacraments Received Baptism Sacraments Received Baptism

 Reconciliation Reconciliation

 Eucharist Eucharist

 Confirmation Confirmation

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_ Birthday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_

Sacraments Received Baptism Sacraments Received Baptism

 Reconciliation Reconciliation

 Eucharist Eucharist

 Confirmation Confirmation

TURN OVER

***St. Mary's Catholic Church – Faith Formation***

Religious Education/Youth Ministry Activity Permission and Medical Release Form

September 2022 - August 2023

Child Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade (Fall ‘22)\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female

Child Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade (Fall ‘22)\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female

Child Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade (Fall ‘22)\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female

Child Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade (Fall ‘22)\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_/\_\_\_\_\_\_\_\_ Cell \_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Primary emergency contact person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # Home \_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

Work/Cell\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

Alternate contact person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # Home \_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

Work/Cell\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

Family physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician’s Phone # \_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity*.

**MEDICAL HISTORY**

Allergies: Insect bites, Drugs, Food, Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness,

limitation, handicap, disability, or condition to which your child is subject and of which the church should be aware, and

what, if any, action or protection is required on account thereof. (Specify conditions such as, but not limited to, asthma,

diabetes, seizures, bleeding, clotting, injection requirements, etc. the church should be aware of.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL RELEASE**: In the event that I cannot be reached in an emergency during the dates specified on this form, I

hereby give my permission to the physician or dentist selected by the church leadership to secure proper intervention,

X-ray examination, medical or surgical diagnosis and treatment, anesthesia, and hospitalization for my son or daughter as

deemed necessary.

LIABILITY RELEASE: Signing of this form constitutes agreement by the parent/guardian to assume and accept all risks

and hazards inherent in church-related programs, outings, and social activities and to release St. Mary's Catholic Church, Shenandoah, Iowa, its employees, Board, Agents, Volunteer Assistants, and all other persons or entities, including other participants, from any and all liability for damages, losses or injuries to the person or property of the undersigned. The parents or guardians understand that they are signing for the minor(s) listed on this form and the signature is for both a medical and liability release.

NOTE: If you desire to limit your child’s participation in any event, please inform St. Mary's in writing in advance of that event.

**CANCELLATIONS DUE TO INCLEMENT WEATHER AND IMPORTANT ANNOUNCEMENTS: Which is your preference of being contacted?**

**Who to contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Like our page on Facebook, announcements throughout the year will be posted there!

**St. Mary’s Catholic Church-Shenandoah, Iowa**

**\_\_\_ By text message, my number is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_ By phone, my number is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_ By email, my address is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_