



**St. Francis of Assisi Catholic Church
Children's Faith Formation 2024-2025**

**Return to: Faith Formation Office
St. Francis of Assisi Church
1025 S. Union St.
Traverse City, MI 49684**

Contact: Kammie Richardson
231.947.4620 Ext 222
kammie@sfparish.org

FAMILY INFORMATION

Last Name _____
 Address _____
 City, State, Zip _____
 Home Phone _____ Cell# (Dad) _____ Cell# (Mom) _____
 Parish Membership—Registered members of _____
 Envelope # _____ Attend ___regularly ___occasionally ___seldom
 Dad's Name _____ Religion _____ Wk Ph _____
 Mom's Name _____ Religion _____ Wk Ph _____
 Mom's Maiden Name _____ Family Email _____
 Emergency Contact _____ Phone _____

Please check any that apply:

- 2 parents at home
- Mother deceased
- Father deceased
- Divorced/Separated
- Mom has remarried
- Child(ren) with Mom
- Dad has remarried
- Child(ren) with Dad
- Child(ren) with adult other than Parent

CHILD'S INFORMATION

First Name _____ **Last** _____
 Birth Date _____ Gender ___F___M
 School _____ Grade _____
 Special Needs _____
 Place of Religious Education from last year _____
 Church/City of Baptism _____ Date _____
 First Eucharist _____ Date _____
 Confirmation _____ Date _____

Name & Religion of Step-parent

Name, Address, email if mail/ email should also go to non-custodial Parent-

CHILD'S INFORMATION

First Name _____ **Last** _____
 Birth Date _____ Gender ___F___M
 School _____ Grade _____
 Special Needs _____
 Place of Religious Education from last year _____
 Church/City of Baptism _____ Date _____
 First Eucharist _____ Date _____
 Confirmation _____ Date _____

Amt. Due: \$20.00 per Family

This stipend covers any and all materials needed by your child(ren) in the classroom. If there is any hardship, please let us know!!!

Parent's Signature

Date

CHILD'S INFORMATION

First Name _____ **Last** _____
 Birth Date _____ Gender ___F___M
 School _____ Grade _____
 Special Needs _____
 Place of Religious Education from last year _____
 Church/City of Baptism _____ Date _____
 First Eucharist _____ Date _____
 Confirmation _____ Date _____

For Office Use only:

Children's Grades _____

_____ Medical Treatment & Media Consent Form?

Amt. Paid: _____
 Pymt. Type _____
 Balance due _____

If additional children to register, please place on separate sheet of paper.

(complete back page & side of this page)

MEDICAL TREATMENT RELEASE

To Whom it May Concern:

As a parent/guardian, I do hereby authorize the treatment of my child(ren) by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, causing disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor(s) _____

Relationship to you _____

Reason for which release is intended—St. Francis of Assisi Church Faith Formation Program

Address if Minor _____ City _____ State _____ Zip _____

Date of Birth _____ Emergency Contact Phone # _____

Family Physician _____ Phone # _____

Address _____ City _____ State _____ Zip _____

List Child(ren)'s Allergies, Medications, etc.

Additional comments _____

Health Insurance Data:

Company _____ Policy # _____

Group # _____ Contract# _____

I further authorize the person who presents my child(ren) to sign the Acknowledgement of Receipt of Notice of 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.

Signed _____ Date _____

(Parent or Guardian)

MEDIA CONSENT

St. Francis of Assisi Catholic Church and the Diocese of Gaylord engage in various communications regarding programs and activities of the parish and diocese through correspondence and publicity with families, parishioners, as well as media and members of the wider community. This may involve—but is not limited to—photos, video, audio, written materials, bulletin boards, newspapers, radio, television, power point and internet. If you are willing to provide authorization for your child(ren)'s name, image, quotations, age, parish and parents' names to be utilized for such publicity, please complete the form below.

If you are NOT willing to authorize, please check here _____ and sign and date below.

As parent/guardian of _____, I understand that promotional pictures, audio and/or video recording may be taken during events and activities offered through St. Francis of Assisi Catholic Church and the Diocese of Gaylord during the 2019-2020 program year. I hereby give permission, without remuneration, for my child(ren)'s name, image, quotations, age, parish, city and parents' names to be used for news, educational and promotional materials for the named parish and diocese. I also hereby agree to release and hold harmless St. Francis church and the Diocese of Gaylord as well as any of their employees or representatives, including volunteers, from any and all claims resulting from the use of the above information regarding my child(ren).

Signature of Parent/Guardian Printed name of Parent/Guardian

Date _____ Authorization good for one year from date. Parents may cancel authorization via written notification at any time.