



2017-2018 Faith Formation/Youth Ministry Registration

One form per family, this form is to be used for all faith formation and youth ministry programs

Office Use Only:
 Registered: ___ Fam. ID # ___
 Date Received: ___ Billed: ___
 Updated CN: ___ Revised: ___

Registered Last Name: _____ Preferred Email: _____

Address: _____ City/Zip _____ Preferred Phone # :() _____

Please mark this box if there have been changes to the above information in the last year.

Parent/Legal Guardian Contact Information

Adults that child resides with:	<i>Head of Household</i>	<i>Spouse</i>
Name		
Relationship to child		
Religion		
Cellular Phone #		
Email:		

Please select 1st, 2nd & 3rd choice

<u>Child's First Name</u>	<u>Child's Last Name</u> <small>(Shown on Birth Certificate)</small>	<u>Gender</u> <small>M or F</small>	<u>Date of Birth</u>	<u>Grade Entering 2017</u>	<u>School Attending</u>	<u>Monday</u>				<u>Sunday</u>		<u>Sacrament Information</u>					<u>Faith Formation Office Use</u>
						3pm		Family		9am	12:00	Please indicate which Sacraments your child has ALREADY received.					Office Staff please write which program the child will be enrolled. There can be multiple programs. FF(day and time), Family Faith, Home Base, CGS Level 1 or II, RCIA 1 or 2, Lighthouse, Faith Formation Summer Program (SPARC)
						Baptism Roman Catholic	Reconciliation	First Communion	Not Baptized	Baptized Other Faith							

Allergies/Medical Issues or any Special Needs

Please give specific information for each child. Please list all information below (medications taken regularly, allergies, chronic medical problems, and/or special needs). Write Child's Name next to description if there are multiple children listed above.

<u>Emergency contact other than parent</u> <u>First Name</u>	<u>Last Name</u>	<u>Phone #</u>	<u>Relationship</u>	<u>Do they have permission to</u> <u>take the child/children home?</u>
				YES NO

Indicate any and all individuals NOT AUTHORIZED to pick up your child(ren) from classes:

Name: _____ Relationship to child: _____

Additional family information: (anything that might help us to meet your family's needs; languages, ethnicity, talents, gifts, etc.)

**If your child is eligible to receive Sacraments this year, you must complete a
 "REQUEST FOR SACRAMENTAL PREPARATION" in addition to this Registration Form.
 Sacramental Preparation is separate from Religious Education.**

In parish faith formation fees:	\$70 Family Fee	\$35 per child (classroom fee)
Home Based faith formation fees:	\$70 Family Fee	\$20 per child (materials fee)
Family faith formation fees:	\$70 Family Fee	\$20 per child (materials fee)
Light House fee	\$95 per teen	
Faith Formation Summer Program (5-8)	\$150 first child/\$100 additional sibling(s)	10% discount if registration received by March 31, 2017
RCIA adapted for children year one or two	No fee	

**If your child is requesting Sacrament there are additional fees please refer to Sacrament Request Form.
 Please make all checks payable to St. Mark the Evangelist**

GENERAL. I hereby request and give my permission for my child(ren) to participate in Faith Formation. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide the general well-being of my child(ren). I, individually and on behalf of my child(ren) named on this form, do hereby release, covenant not to sue, and save harmless: the Most Rev. Robert N. Lynch, Bishop of the Diocese of St. Petersburg; the above parish; and the employees, agents, and volunteers for the event, from any and all claims for any and all harm arising to my child(ren) as a result of his/her participation in this event.

MEDICAL. I request the parish representative obtain medical treatment for my child(ren) in the unlikely event of injury or illness during this program, and I agree to pay any expenses incurred for such treatment. If the church is unable to reach the parent/guardian, or any other person designated, then I hereby authorize the Church and its representatives to contact my child(ren)'s physician and/or make arrangements for immediate emergency treatment.

This medical release is valid from August 1, 2017 until July 31, 2018 and for all events throughout the year.

Family Physician's Name: _____ Phone: _____
 Insurance Co. Name _____ Medical Insurance: ID number _____
 Group Number _____ Cardholder's Name _____

Other medical treatment: In the event it comes to the attention of the Church representatives, volunteers or employees that my child(ren) has/have become ill with symptoms such as headaches, vomiting, sore throat, fever, diarrhea, I want to be called collect.

My child may be given: Tylenol (circle: yes / no); Ibuprofen (circle: yes / no); Throat lozenges (circle: yes / no); Benadryl (circle: yes / no).

Promotional Media Release

During the Faith Formation Program Year, St. Mark the Evangelist may participate in videotape, motion picture, audio recording or still photograph productions that involve the use of students' names, likenesses or voices. Such productions may be used for educational or exhibition purposes by St. Mark the Evangelist in perpetuity and may be copied, copyrighted, edited and distributed by St. Mark the Evangelist in perpetuity unless said consent is revoked in writing.

News media, including representatives of television, radio, newspapers and magazines, also often are permitted on parish property and may take notes, still, photos, sound recordings and/or moving pictures that may include your child(ren). These items may appear or be used in news or feature stories by print, television or radio media. **You have the right to object to the use of your child(ren)'s name, picture or voice in these productions and may do so by circling "do not" below.**

I/We, the undersigned, **do/do not** (Circle One) hereby consent that: St. Mark the Evangelist may use the name, portrait, or other likeness of my child(ren) for St. Mark the Evangelist bulletin boards, Website, news releases, media and promotional activities. This consent is renewed at the beginning of each Faith Formation/Youth Ministry Program Year. If you have any questions, please contact the Faith formation office at: 813-907-7746.

 Signature of Parent Guardian _____
 Print Name

State of Florida County of _____

The foregoing was acknowledged before me this _____ day of _____ 20_____.

By _____ Who is personally known _____ Or Produced Identification _____

Notary Seal _____
 Signature of Notary

 Print Name