

Faith Formation Registration
 Church of the Good Shepherd / Mission: Immaculate Conception Church

September 2023 - April 2024
Faith Formation sessions will begin the week of September 10, 2023

Please Print Clearly

Father's Last Name:	Mother's Last Name:
First Name:	First Name:
Religion:	Religion:
Phone:	Phone:
E-Mail Address:	E-Mail Address:
Family Street Address:	City & Zip:

Name of Legal Guardian, if different from parent:	Phone:
Address:	Email:
Please Indicate best means of Contact: Mother: <input type="checkbox"/> Phone Call <input type="checkbox"/> Text Message <input type="checkbox"/> Email Father: <input type="checkbox"/> Phone Call <input type="checkbox"/> Text Message <input type="checkbox"/> Email	Our parish is using a messaging system called Evangelus as our primary way to communicate. Is your family receiving Evangelus updates? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please add my email address and phone.

Please provide the following information for each student being registered:

Child's Name (Full name as it appears on Baptism certificate)	Biological Sex M/F	DOB	Grade 2023- 2024	Community GS or IC	Check Sacraments that child has received.	Enrolled in FF 2022- 2023?
<i>James Michael Smith</i>	<i>M</i>	<i>07/15/02</i>	<i>6</i>	<i>IC</i>	<input type="checkbox"/> Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> 1st Reconciliation <input type="checkbox"/> Confirmation	<i>Y / N</i>
					<input type="checkbox"/> Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> 1st Reconciliation <input type="checkbox"/> Confirmation	<i>Y / N</i>
					<input type="checkbox"/> Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> 1st Reconciliation <input type="checkbox"/> Confirmation	<i>Y / N</i>
					<input type="checkbox"/> Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> 1st Reconciliation <input type="checkbox"/> Confirmation	<i>Y / N</i>
					<input type="checkbox"/> Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> 1st Reconciliation <input type="checkbox"/> Confirmation	<i>Y / N</i>

PLEASE NOTE: All Sacramental Preparation is a two-year process. Children receiving a Sacrament this year must have been enrolled in a Faith Formation Program with good attendance the previous year, must complete the current year's formation with good attendance, and must present a Baptismal Certificate with original seal.

If children did not attend GS or IC, where did your child (children) receive Faith Formation last year? _____

Special Needs or Family Circumstances: _____

You are encouraged to support the Faith Formation Program by volunteering. **Volunteer options are: teachers, substitute teachers, classroom aides, or special program assistants.** This is a very important ministry. Some positions are seasonal and require only minimal effort. Please volunteer your valuable time and talent. This program and the children will benefit immensely.

Yes, I am interested in helping with: _____

Simple Medical Release

(Must be completed annually)

To Whom It May Concern:

I hereby grant to Church of the Good Shepherd/Immaculate Conception agent(s) the right to act in my place under conditions of medical emergency. This authorization includes the right to consent to, make judgments concerning the medical care, and treatment of the named student(s) in **emergency situations**. It is my understanding that I will be notified as soon as possible after any use of this authorization is made.

Signature of Parent or Guardian: _____

Date: _____

Please indicate any allergies or medical conditions that we need to be aware of for each child registered.

Child's Name: _____ Allergies/Medical Conditions: _____

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PARENTS ARE FIRST CONTACT IN AN EMERGENCY, PLEASE INDICATE SOMEONE **OTHER THAN A PARENT** TO CONTACT IN CASE OF EMERGENCY.

Emergency Contact Person: _____ Phone #: _____

Relationship to child/children: _____

Photo Release Statement

(Must be completed annually)

To Whom It May Concern: I hereby **GRANT / DO NOT GRANT (circle one)** permission for my child/children registered in Faith Formation at Church of the Good Shepherd/Immaculate Conception Church to be photographed/video recorded during Faith Formation events and activities; and for the resulting photographs and/or video recordings to be edited (if needed) and then be published/broadcast (church bulletin, website, etc.) for the purposes of promoting the activities and events of the parish Faith Formation. **CHILDREN'S NAMES WILL NOT BE PUBLISHED.**

Signature of Parent or Guardian: _____

Date: _____

Fees

Minimum of half fee due upon registration, balance due by end of December. For families with special financial circumstances, contact the Faith Formation office to discuss how we can help. Payments can be made online at gsschertz.org.

Early Bird Registration May 1 – July 31

1 Child in Program..... \$60.00
2 Children in Program..... \$80.00
3 or more Children in Program \$90.00

Registration After July 31

1 Child in Program..... \$70.00
2 Children in Program..... \$90.00
3 or more Children in Program \$100.00

For Office Use

Date Received: _____

Amount Paid: \$ _____

Cash Check: # _____

Paid Online

Catechist (fee waived)

Scholarship

Payment Plan