

St. Malachy 2010-2011 Youth Faith Formation Registration

Please verify/complete the information on this form. On the **Faith Formation Payment Card** list **all** your registered children with program grade and submit both with payment to the Parish Center. If you wish to make payment at a later date, please keep the card and submit with payment.

Student Information

Student Name: _____ **Student Nickname:** _____
Gender: _____ **Birthdate:** _____

Sacrament	Status (Y/N)	Date	Sacrament	Status (Y/N)	Date
Baptism			Reconciliation		
1st Communion			Confirmation		

Student allergies, diseases, disorders or disabilities: _____
 Identify any activities in which student should NOT participate: _____
 List medications and dietary or health issues: _____

Family Information

Custodial † Parent(s): _____ **Home Phone:** _____
Address: _____ **E-mail:** _____

† *If needed, please provide Custodial Agreement.*

Emergency Contact Information: *(Please list in order of priority)*

Contact Name	Contact Number(s)/Type*	Relationship

*Type - Home (H), Work (W), Cell (C), Pager (P)

Parent/Volunteer Information:

Please place an "X" in the box to the right of all activities you may be interest.

Catechist	Grade Preference _____	<input type="checkbox"/>	Substitute catechist	<input type="checkbox"/>
Aide to coordinator		<input type="checkbox"/>	Child care provider for summer intensive	<input type="checkbox"/>
Overnight/extended trips (YM)		<input type="checkbox"/>	Chaperone events and/or drive (YM)	<input type="checkbox"/>

As a summer catechist, I will need child-care for my preschool age children: Yes _____ No _____

Faith Formation Registration

Faith Formation Class: **2009/2010** **Grade:** _____ **Session/Classroom:** _____

*Please select program(s) for **this child** for 2010/2011:*

Religious Education (Grades 1-6)

Grade	Sessions	Choice
	Summer Intensive	<input type="checkbox"/>
	Sunday Program (2 classes/month)*	<input type="checkbox"/>
	Reconciliation/1st Communion	<input type="checkbox"/>

*Program runs September--March

Youth Ministry (Grades 7-12)

Grade	Sessions	Choice
	Jr. High (Grades 7-8)**	<input type="checkbox"/>
	Confirmation**	<input type="checkbox"/>
	High School**	<input type="checkbox"/>

**Program runs October--April

If you need to register a new member or have any questions, please call:

Religious Education (grades 1-6), call 852-8476

Youth Ministry (grades 7-12), call 852-0730

Please complete the backside of this form.

Additional Student Information for Youth Ministry Students

Since Youth Ministry students meet off the St. Malachy Church/School campus, we use the school information to determine what location would be closest to their homes and in case of emergency we are required to have the following medical information and General Release on file.

School: _____

Student's Doctor's Name: _____

Phone: _____

Insurance Company: _____

Policy #: _____

NOTE: Adult leaders **DO NOT** stock any medication. If prescription and/or non-prescription medications (i.e. Tylenol, Halls, Advil, etc.) are needed or might be needed, please send them with your child. Place these medications (in their original container) and written physician's instructions on paper in a plastic storage bag with your child's name on it.

I give my permission to St. Malachy Youth Ministry to use my child's picture in Youth Ministry Newsletter or other church media:

Yes No Guardian Initials _____

General Release

I give my permission for my child to take part in the *St. Malachy Youth Ministry sponsored activities and programs for 2010-2011.*

In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental in such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Archdiocese of Indianapolis/St. Malachy Parish its agents, employees and officers, the chaperones, leaders, organizers, sponsors, and persons transporting our child to and/or from these activities. Neither the Archdiocese of Indianapolis/St. Malachy Parish nor any of said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of the activity.

We, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of the significance.

In the event of an emergency and I cannot be contacted, I hereby authorize emergency treatment to be administered.

Parent/Guardian Signature: _____ Date: _____