

Sacred Heart Catholic Church

1115 South 8th Avenue East

PO Box 1478

Newton, IA 50208-1478

641-792-2050

FAITH FORMATION REGISTRATION 2017-2018

Families must be registered with Sacred Heart Catholic Church! Please complete one form per student!

NAME _____ Grade _____
Last First Middle

Date of Birth ____/____/____ Place of Birth _____
City State

HOME ADDRESS: _____
Street City State Zip

HOME PHONE NUMBER: _____

Years of formal Faith Formation (Catholic School or Parish Faith Formation Program) _____

Email address: _____
(This will be our primary way to communicate with you!)

Mother's Full Name: _____ Religion _____ cell# _____

Father's Full Name: _____ Religion _____ cell# _____

Child lives with: Both parents Mother Father

Parents are: Married Divorced Separated Widowed Single

For Children in Shared Custodial Situation:

Do both parents have legal access to this child, custody agreement? _____ Explain briefly if custody is evenly shared or other arrangement: _____

If parents are divorced or separated a copy of the custody agreement pertaining to the faith formation of the child must be kept on file in the Faith Formation office.

Medical Information

Child's Name: _____ Parent/Guardian: _____

Allergies: _____ Chronic or Acute Illnesses: _____

Medication(s) presently being taken: _____

Special Needs: _____ Other facts we should know: _____

Physician's Name _____

Does your child have a medical condition that limits him/her in participating in any of the activities at the Faith Formation Program?

YES _____ NO _____

Explain _____



EMERGENCY MEDICAL INFORMATION AND TREATMENT AUTHORIZATION

I authorize Sacred Heart's Faith Formation Adults to administer these non-prescription medications when deemed necessary:

(Please check) Tylenol Advil Antacids Cough Drops Bug Spray Sunscreen

I hereby release Sacred Heart and its designated representatives from any liability concerning the giving or non-giving of the above indicated non-prescription medication to my child(ren).

Agree Decline

AUTHORIZATION TO PROVIDE MEDICAL SERVICES AND RELEASE

I authorize Sacred Heart Catholic Church authorities to send my child, properly accompanied, to an available hospital or doctor, and I authorize the treatment of my minor child by a qualified and licensed medical doctor in the event of a medical emergency when, in the opinion of the attending doctor, it may endanger his/her life, cause physical disability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to reach me, the parent or guardian. If you or your doctor cannot be reached in an emergency and if in the judgment of the parish authorities' immediate medical and or hospital attention is required.

Agree Decline

ACTIVITIES PERMISSION

The said minor(s) has/have my permission to attend Sacred Heart's sponsored activities that may or may not be located on Sacred Heart's property from this date through August 2018. I understand that children may walk or be transported by a vehicle.

Agree Decline

AUTHORIZATION TO TAKE, RELEASE AND PUBLISH PHOTOGRAPHS

I authorize the staff of Sacred Heart Catholic Church to photograph, publish and post photographs of my child engaged in normal parish activities for the purpose of creating a pictorial history of the parish program as well as to inform parents and the parish of children's activities in newsletters, bulletins, the Gathering Space screen and other parish publications.

Agree Decline

I acknowledge that all of the information provided is true and correct and will only be disclosed to the catechists, volunteers, or other adult supervisors when needed.

(Parent/Guardian signature)

(Date)

Please consider being a volunteer with our program! (Please check all that apply!):

Catechist _____ Catechist Aide _____ Substitute Catechist _____ Aide to the Director _____

Helping with prayers and memory work _____ Chaperone for events or retreats _____

Set up and/or Clean-up for socials, retreats, events, etc. _____ Office help: Copying, filing, etc. _____

