

Saint Michael's Faith Formation 2025-2026 Registration Form

Last Name _____ Mother _____ Father _____

Mailing Address _____ City, State, ZIP _____

Phone _____ Cell _____ Email _____

Family is registered at St. Michael's Parish? YES or NO

Will you carpool during our Elementary/Junior High Programs? YES or NO

Name of person(s) who has/have your permission to drop off and pick up your child(ren):

Children (Please include last name if different from parents)

Name	Birth Date	Grade	Program Attending for 2025/26 (circle choice)			
_____			Children's Liturgy	Elementary	MS	HS
_____			Children's Liturgy	Elementary	MS	HS
_____			Children's Liturgy	Elementary	MS	HS
_____			Children's Liturgy	Elementary	MS	HS

Family member who will receive a Sacrament at St. Michael's this year:

Name: _____ Baptism Reconciliation Eucharist Confirmation

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Parishioner Fees: \$75.00 for one child and \$100.00 for two or more children.

Catechists children are free, and Aides are ½ price (\$37.50 for one child and \$50.00 for two or more.)

*Children's Liturgy programs are FREE but registration is appreciated.

Please check this box if you will be using St Michael's SCRIP for the fees: ☐

Photography Release

As legal guardian, I give permission for the children listed above to participate in the ST. MICHAEL'S PARISHES FAITH FORMATION PROGRAMMING. I understand that photography and/or video of participants may be occurring during the FAITH FORMATION PROGRAMMING and used in promotional materials. I consent to the use of images or likenesses of the aforementioned children, for promotional purposes, by ST. MICHAEL'S.

Parent/Legal Guardian Signature _____ Date _____

Saint Michael's Catholic Church ~ 17150 88th Avenue, Coopersville, MI 49404

Director of Religious Education ~ Debbie Veneklase, 616-384-4026

email: childrensministry@saintmichaels.us

Formation Medical Treatment Release Form for 2025-26

MEDICAL TREATMENT RELEASE

As legal guardian, I hereby authorize first aid/medical treatment for the children listed above in the event of an emergency which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to contact the persons listed on this form as soon as reasonably possible. In the event that the aforementioned requires my authorization for treatment and I cannot be reached in an emergency, I hereby give my permission to the physician selected by the activity leader to hospitalize, secure medical treatment, and/or order an injection, anesthesia or surgery for the aforementioned as deemed necessary. I understand all reasonable safety precautions will be taken at all times by the parish and its agents during Faith Formation Programming. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold **ST. MICHAEL'S**, its leaders, employees, drivers, volunteers, or the **ROMAN CATHOLIC DIOCESE OF GRAND RAPIDS** liable for damages, losses, diseases, or injuries incurred by the aforementioned.

This release is intended for the Medical Treatment of the person(s) listed below:

1. Child/Youth Full Name _____

List all allergies, medications and relevant information below:

2. Child/Youth Full Name _____

List all allergies, medications and relevant information below:

3. Child/Youth Full Name _____

List all allergies, medications and relevant information below:

4. Child/Youth Full Name _____

List all allergies, medications and relevant information below:

Emergency Contact: _____ Phone: _____

Family Physician _____ Phone: _____

Health Insurance Data:

Company _____ Policy _____

Group _____ Contract _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstance in my absence.

I certify that I am the (check one) _____ custodial parent _____ legal guardian of the minor child(ren) named above, and agree to the above terms for myself and for my minor child(ren).

Date _____ Printed Name _____ Signature _____

SAINT MICHAEL'S FAITH FORMATION FAMILY FEE ASSISTANCE FORM

Date: _____

Family Last Name: _____

Father: _____ Mother: _____

Address: _____ City: _____, MI Zip: _____

Home Phone #: _____ Work Phone #'s: _____

Currently Employed? _____

Place of Employment: _____
Father Mother

Family Information

Number of family members residing in your residence this year: _____

Number of family members in Faith Formation Programs: _____

Current Marital Status: _____

Reason for applying (i.e. hardship – currently unemployed, financial difficulties, etc.):

Parent or Guardian Signature: _____

FAMILY FEE ASSISTANCE POLICY

Family Fee assistance entails the following:

- A. Use form to apply for St. Michael's Faith Formation assistance.
- B. Eligibility will be based on need and decided by the Pastor and the Business Manager.
- C. If further need arises, please contact the Pastor or Business Manager.

OFFICE USE ONLY	
Application Rec'd	
Amount Granted	
Family Notified	
Faith Form. Notified	