Faith Formation Registration

PLEASE FILL OUT BOTH SIDES OF FORM

Is family registered in parish?	☐ **No** ☐ **St. Matthew** ☐ **St. Thérèse**
If registered, under what last name?	

FAMILY INFORMATION

FATHER Full Name: (First, Middle, Last)		**MOTHER** Full Name: (1st, Mid, Last, Maiden)	
Religion:		Religion:	
Cell Phone:		Cell Phone:	
Email:		Email:	
Home Address:		Home Address:	

Child 1 First/Middle/Last Name:	DOB:	Age:	Gender:
Food or other Allergies:		School Grade:	
Registering For: ☐**Family Formation ($35)** ☐**SM Youth Ministry ($35)** ☐ **SToL Youth Ministry ($35)**		**Child 1 Total:**	
Child 2 First/Middle/Last Name:	DOB:	Age:	Gender:
Food or other Allergies:		School Grade:	
Registering For: ☐**Family Formation ($35)** ☐**SM Youth Ministry ($35)** ☐ **SToL Youth Ministry ($35)**		**Child 2 Total:**	
Child 3 First/Middle/Last Name:	DOB:	Age:	Gender:
Food or other Allergies:		School Grade:	
Registering For: ☐**Family Formation ($35)** ☐**SM Youth Ministry ($35)** ☐ **SToL Youth Ministry ($35)**		**Child 3 Total:**	
Child 4 First/Middle/Last Name:	DOB:	Age:	Gender:
Food or other Allergies:		School Grade:	
Registering For: ☐**Family Formation ($35)** ☐**SM Youth Ministry ($35)** ☐ **SToL Youth Ministry ($35)**		**Child 4 Total:**	
Child 5 First/Middle/Last Name:	DOB:	Age:	Gender:
Food or other Allergies:		School Grade:	
Registering For: ☐**Family Formation ($35)** ☐**SM Youth Ministry ($35)** ☐ **SToL Youth Ministry ($35)**		**Child 5 Total:**	
Child 6 First/Middle/Last Name:	DOB:	Age:	Gender:
Food or other Allergies:		School Grade:	
Registering For: ☐**Family Formation ($35)** ☐**SM Youth Ministry ($35)** ☐ **SToL Youth Ministry ($35)**		**Child 6 Total:**	
***Maximum per family is $140** *Do not let cost hinder your family's participation. Reach out to the Lifelong Faith Formation Director for assistance.*		**Total Due:**	

FOR OFFICE USE ONLY

DATE:	**PAYMENT METHOD:** ☐**Cash** ☐ **Credit** ☐**Ck#**	**AMOUNT:**	**BALANCE:**
DATE:	**PAYMENT METHOD:** ☐**Cash** ☐ **Credit** ☐**Ck#**	**AMOUNT:**	**BALANCE:**
Child Workbook Rcvd: ☐**1** ☐**2** ☐ **3** ☐ **4** ☐ **5** ☐ **6**	**WoL Level Link Sent:** ☐**1** ☐**2** ☐ **3** ☐ **4** ☐ **5** ☐ **6**		**Welcome Email Sent:** ☐

WAIVERS ~ Please read and sign below:

Family Commitment

Recognizing that our family is the center of our child/children's faith journey, I promise…

1. To see that we attend Mass on Sundays and Holy Days of Obligation and to assist in the children's full participation at Mass at their level. I understand that Mass is an essential part of my family's faith formation and am committed to helping us remember the importance of attending Mass.
2. To see that we attend all family sessions and to keep up with our faith sharing and lessons at home.
3. To share the gift of myself and the gift of faith with my child, our family, and with the parish community.

Parent Signature: _____ Date: _____

Image Release

There are times we would like to share good things happening in the parish. To do this, we need parental permission to publish or display publicly photographs, videos, or other media that includes images of minors. This includes print and digital formats such as bulletins, newsletters, websites, Facebook, etc. While grade level or group depicted may be provided, names are not released without additional parental permission secured before identifying specific children in an image or recording.

Please list the names of all children who may be involved in parish/diocesan activities and indicate permission as described above by circling "Yes" or "No".

Name of Child	Permission?
	YES NO
	YES NO
	YES NO

Name of Child	Permission?
	YES NO
	YES NO
	YES NO

Signature of parent or legal guardian _____ Date_____

YOUTH MINISTRY SPECIFIC WAIVERS

Medical Emergency

If a sudden illness or other serious medical emergency should occur and I cannot be reached, I hereby authorize the person in charge to call my emergency services or to take my child to the nearest emergency clinic.

Parent Signature: _____ Date: _____

Child Pick Up

If I am unable to pick up my child, the following people may pick up my child *(over 18 with picture ID)*:

Name:	Relationship:	Cell:
Name:	Relationship:	Cell: