2023-2024 Faith Formation Registration Form



The Faith Formation program at St. Elizabeth Parish aims to facilitate meaningful encounters with Jesus, our Risen Lord, through community, conversation, catechesis, and reception of the Holy Eucharist. We support each family in their role as the primary instructors to their children, demonstrating how to live our Catholic faith on a daily basis. Together, we work to develop disciples eager and equipped to go into the world and share the gospel of Christ, our Catholic faith, and their personal witness.

Guardian NameReligious Denomination							
Email							
Spouse Email							
Address							
Home Phone (<i>optional</i>)							
Additional Emergency Contact (Not Guardian)	Name						
Phone	R	elation					
Student Name	Birthday	Gender	Do they nee up" on Sacra		Grade		
			Yes	□No			
			Yes	□No			
			Yes	□No			
			Yes	□No			
			Yes	□No			

Typically, children in 2nd grade receive First Reconciliation and First Communion Confirmation is a 2-year program beginning in 8th grade

Class Times:

HEALTH HISTORY & MEDICAL RELEASE FORM

Child 1 Name
Dietary restrictions, allergies (and reaction), physical limitations, emotional/psychological limitations:
Child 2 Name
Dietary restrictions, allergies (and reaction), physical limitations, emotional/psychological limitations:
Child 3 Name
Dietary restrictions, allergies (and reaction), physical limitations, emotional/psychological limitations:
Child 4 Name
Dietary restrictions, allergies (and reaction), physical limitations, emotional/psychological limitations:
Child 5 Name
Dietary restrictions, allergies (and reaction), physical limitations, emotional/psychological limitations:

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, I hereby give permission to transport my child to the nearest hospital/emergency center for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.

Parent/Guardian Signature	Date			
Family Insurance Provider/Health Plan				
Health Plan Number	Exp			
Students in the Faith Formation program at St. Elizabet the Parish Bulletin. I understand that my child(ren)'s pa	·			
In addition, I give permission for:				
(Children receiving a Sacrament where permission is no	t granted will be asked to step out of the group photo)			
Parish Website:	Parish Facebook & Instagram Pages			
☐ Posting of my child(ren)'s name	☐ Posting of my child(ren)'s name			
☐ Posting of my child(ren)'s picture	☐ Posting of my child(ren)'s picture			
☐ Posting audio/video clips with my child(ren)	☐ Posting audio/video clips with my child(re			
	RMISSION FOR MINORS			
OPTIONAL				
I allow St. Elizabeth Parish staff and chaperones/catech through digital mediums, such as, but not limited to: te				
Name	Cell phone number/E-mail			
FAMILY STE	EWARDSHIP			

	Clerical Help	Teacher/ Co-teacher	Teacher	Substitute	
Name		Co-teacher	Aide	Teacher	Chaperone

PROGRAM FEE

\$50 per child or \$60/child for Sacrament years (2^{nd} and 9^{th} grade) Family max of \$200

Would you like to make payments? We ask for a \$25.00 deposit upon registration.

We do not want any child left out! If you find tuition a hardship please contact us confidentially for assistance.

- Tuition can be paid via cash, check, credit card, or online through the OSV online giving portal
 - o OSV Online Giving Portal Be sure to include child(ren)'s name(s) in note section.
 - https://www.osvhub.com/stelizabeth/funds/tuition-payment-ccd
 - o PayPal Mobile
 - scan the QR code below; be sure to include child(ren)'s name(s) in note section.



Total Cost _____ Amount Paid _____ Date _____ Received by _____ Credit Card __ Cash ___ Check Number _____ Receipt Number _____ Amount Due _____ Date Paid ____ Received by ______