



## Saint Mary's Catholic Church Faith Formation 2025- 2026 Registration Form

Last Name \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Family is registered at St. Mary'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. Mary's this year:

Name: \_\_\_\_\_ Baptism Reconciliation Eucharist Confirmation

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**Tuition Fee: Parishioner: \$75.00 for one child and \$100.00 for two or more children. Non- Parishioner: \$100.00 for one child and \$150.00 for two or more children. (if cost is an issue, please see Fr. Mike for scholarship opportunities) Catechist's 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.**

**Pay by check to St. Mary's Church or online at: <https://giving.parishsoft.com/dl/?uid=stm1516233>**

**You can also pay by Texting 616.201.3677 enter the dollar amount in the message and then follow the instructions.**

### Photography Release

As legal guardian, I give permission for the children listed above to participate in the **ST. MARY'S 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. MARY'S PARISH**.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Saint Mary's Catholic Church ~ 15164 Juniper Drive, Marne MI 49435**  
**Director of Religious Education ~ Debbie Veneklase, 616-677-3934 ext.7**  
**email: [dre@saintmarysmarne.org](mailto:dre@saintmarysmarne.org)**

## 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. MARY'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 \_\_\_\_\_