

Office Use Only	
Cash _____	Check # _____
Amt. Pd. _____	
Balance Due _____	

# FAITH GROUPS 2010-2011 REGISTRATION

## GRADES 6-7-8

Complete one form for each child registering

<b><u>1<sup>st</sup> Choice (Circle one)</u></b> <b>Saturday</b> <b>9:30-11:30 AM</b>  <b>Wednesday</b> <b>6:00-8:00 PM</b>
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Cost - \$140 before 6/1/10; \$150 after 6/1/10    **Checks Payable to St Margaret Mary Youth Ministry**

TODAY'S DATE: \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ UNLISTED? Y N CELL PHONE (\_\_\_\_) \_\_\_\_\_

**EMAIL** \_\_\_\_\_ helps us communicate last minute changes or requests of the catechist.

REGISTERED AT THIS CHURCH: Y N ENVELOPE # \_\_\_\_\_ Attended RE here before? Y N

**Student Birth date:** \_\_\_/\_\_\_/\_\_\_ **GRADE ENTERING IN FALL 2010:** \_\_\_\_\_ **M** **F** **SCHOOL:** \_\_\_\_\_

Answer each question by circling Yes or No: Has your youth : † been Baptized? Yes or No † received First Communion? Yes or No † received the Sacrament of Reconciliation? Yes or No

### PARENTS/GUARDIANS INFORMATION

<b>RELATIONSHIP TO CHILD:</b> _____ NAME: _____ BUS PHONE: (____) _____ RELIGION: _____ MARTIAL STATUS: _____	<b>RELATIONSHIP TO CHILD</b> _____ NAME: _____ BUS PHONE: (____) _____ RELIGION: _____ MARTIAL STATUS: _____
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### PHYSICIAN/INSURANCE INFORMATION

NAME OF PHYSICIAN: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  
 NAME OF HEALTH INSURANCE COMPANY: \_\_\_\_\_  
 POLICY IN NAME OF: \_\_\_\_\_

IN CASE OF MEDICAL EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT/GUARDIAN OF \_\_\_\_\_. IN THE EVENT THAT I CANNOT BE REACHED, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE ADULT STAFF OF ST. MARGARET MARY PARISH RELIGIOUS EDUCATION PROGRAM TO SECURE PROPER MEDICAL TREATMENT DEEMED NECESSARY FOR MY CHILD. I UNDERSTAND THAT I WILL BE PROMPTLY NOTIFIED IN THE EVENT OF ANY SERIOUS ACCIDENT OR ILLNESS AND PRIOR TO ANY MAJOR SURGERY, EXCEPT WHEN DELAY IN COMMUNICATION WOULD ENDANGER LIFE.

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE**

IN EVENT OF AN **EMERGENCY**, IF YOU ARE UNABLE TO REACH ME, PLEASE CONTACT THE FOLLOWING:

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

### MEDICAL INFORMATION

Does child named on form require any special attention regarding any of the following conditions?: (Please **circle** all that apply)  
**ALLERGIES:** Food (specify), \_\_\_\_\_ Medication, (specify) \_\_\_\_\_ Bee stings, \_\_\_\_\_  
 Other (specify) \_\_\_\_\_  
**SPECIAL LEARNING NEEDS:** Hearing, speech, vision, reading writing attention deficit disorder, other (specify) \_\_\_\_\_  
**ILLNESSES:** Asthma, seizures, physical limitation, other (specify) \_\_\_\_\_

\*Please explain if necessary, anything circled above: \_\_\_\_\_  
 Does your child take any medications on a regular basis? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

### MEDICATION DISTRIBUTION POLICY

I understand that if any medications – including inhalers used for asthma – may need to be taken during Faith Group time, a parent/guardian needs to fill out a Diocesan Medication Permission Form.

**Signature Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

Parents, please choose your volunteer duties from the list on the back

# Volunteer opportunities

Please help make our programs a success by volunteering at least *one* day in one of the following programs. Specific dates for Faith Groups will be available after Sept. 1, 2010. Check anything you are interested in. We will call you when needed.

<p><b>Parents Night Out</b>          One Saturday/month - 6-9 PM          Adults supervise the evening as 6th, 7th &amp; 8th graders provide free babysitting for our parish families.</p> <p>Oct. 16 <input type="checkbox"/></p> <p>Dec. 4 <input type="checkbox"/> 3-6 <input type="checkbox"/> 6-9</p> <p>Feb. 19 <input type="checkbox"/></p> <p>April 16 <input type="checkbox"/></p>	<p><b>Social</b>          One Friday/month - 6:30 -9 PM          Adults supervise the evening as 6th, 7th &amp; 8th graders have food and fun with friends.</p> <p>Sept. 17 <input type="checkbox"/></p> <p>Mar. 11 <input type="checkbox"/></p> <p>May 13 <input type="checkbox"/></p>	<p><b>Chaperone</b>          Supervise 6th 7th &amp; 8th grade youth at retreats, rallies, camp, &amp; outings.</p> <p>Oct. 1 Hayride and Bonfire          6:30—9:30 PM <input type="checkbox"/></p>
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<p><b>Driver</b>          Drive to retreats, rallies, camp, &amp; outings</p> <p><input type="checkbox"/></p>	<p><b>8th grade Service Project</b>          Help an 8th grade catechist facilitate the class service project. Most service projects are once a month and will be determined by November.</p> <p><input type="checkbox"/></p>	<p><b>Office Help</b>          Office help is always needed during Faith Group times, Wed. 6-8 PM or Sat. 9:30—11:30 AM. There will be 16 classes this year. Pick the day you can help at the parent/student class in Sept. Check here if you would like more information.</p> <p><input type="checkbox"/></p>
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<p><b>Prayer Network</b></p> <p><input type="checkbox"/></p>	<p><b>Retreat Facilitator</b></p> <p><input type="checkbox"/></p> <p><b>Other</b></p> <p><input type="checkbox"/></p>	<p><b>Public Relations</b></p> <p><input type="checkbox"/></p>
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