

St. John Catholic Church Faith Formation Registration 2009/2010

Adult Name(s): _____

Mailing Address: _____ Email Address: _____

Home # _____ Work # _____ Cell Phone# _____

Date of Birth _____ Spouse _____ Anniversary _____

<u>Parish Faith Formation Programs</u>	<u>Number Attending</u>
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Adults:	TGIF (0-120 years old) (Every 1st Wed.)	_____
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Young Adults:	Adore Ministry (Every 4th Sun) & TGIF (Every 1st Wed.) (HS graduate—35 yrs.)	_____
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Families:	TGIF & Kids Clubs (Every 1st & 2nd Wed.)*	_____
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Parents:	Parent Life (for parents of young and old) (Every 3rd Wed)	_____
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Youth:	Life Teen (9th-12th grade) (every Wed.)	_____
	Confirmation (9th-12th Grade)	_____
	EDGE (6th-8th Grade) (every Wed.)	_____
	First Holy Communion (2nd Grade or older—Every 3rd Wed.)	_____

*All families that are involved in TGIF are now able to register their Pre-school to 5th Grade youth for the once a month Catholic Clubs. The parents are asked to accompany their Pre-school to 5th grade youth to the TGIF nights. Please make sure your children do not miss out on this exciting Club addition to the TGIF Faith Formation Program. (Just place the the number of children in the appropriate blanks below). Thank you!

Catholic Kids Girls Club (Pre.-K _____)	Catholic Kids Boys Club (Pre.-K _____)
Catholic Kids Girls Club (1st-2nd _____)	Catholic Kids Boy Club (1st-2nd _____)
DAWG Girls (3rd-5th _____)	DAWG Boy (3rd-5th _____)

The costs for one or all of these programs is \$30 per person or \$75 per family of 3 or more.

Total Due _____

Extra Information for all Youth Related Programs

Father Name _____ Mother Name _____

1st Youth's Name _____ Grade ____ DOB: _____ Place of Birth: _____

Baptism Date _____ Name of Church & Address of Baptism: _____

2nd Youth's Name _____ Grade ____ DOB: _____ Place of Birth: _____

Baptism Date _____ Name Church & Address of Baptism: _____

3rd Youth's Name _____ Grade ____ DOB: _____ Place of Birth: _____

Baptism Date _____ Name Church & Address of Baptism: _____

4th Youth's Name _____ Grade ____ DOB: _____ Place of Birth: _____

Baptism Date _____ Name Church & Address of Baptism: _____

Permission to Photography

Without compensation, I hereby grant permission to the Diocese of Rapid City & St. John The Evangelist Catholic Church, of Ft. Pierre, SD to use and reproduce photographs of me or my child.. These photographs may be used for news and editorial purposes in publications, electronic reproductions (websites), and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists, and the publications or media outlets they represent as well as the Diocese of Rapid City, from all claims and liability relating to said photographs.

Signature

Permission/Medical Release

The above mentioned participants are permitted to participate in the activities planned at the St. John's Parish Faith formation including any activities that the youth may need to be transported to outside the facilities for the year 2009-2010, such as bingo, community service projects or movies, etc.

I/We understand that reasonable precaution will be taken to safeguard the health and safety of the participant(s) and that the designated emergency contact person will be notified as soon as possible in case of emergency. In the event of any sickness or accident, person(s) will not hold St. John the Evangelist Church, the Diocese of Rapid City, any volunteer, chaperone, or driver responsible. I/We authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist, or surgeon; licensed to practice in the State of South Dakota or any other state. The undersigned understand(s) and agrees that any medical, dental, or hospital expense incurred shall be at their own expense. The undersigned understand(s) every effort will be made to notify the emergency contact in the event that treatment is necessary.

Signature

Emergency Phone Number: _____

Describe any allergy (including food allergies), chronic illness or other conditions: _____

Does this child take any medications ____ No or ____ Yes List: _____

Insurance Carrier _____ Group # _____

Has the participant(s) received a tetanus shot in the past ten years? ____ Yes or ____ No

In case you can not be reached in the event of any emergency, the following person(s) is authorized to act on my/our behalf.

Name: _____ Phone: _____ Mobile: _____

Relationship to the party: _____