

Church of All Saints

Faith Formation and Youth Ministry Program

Registration Night is Wednesday August 14th at the Church of All Saints*

- For Families registering Children in our **K-5 program**: Parent Meeting @ 6:00 PM on Wed. Aug. 14th
- For Families registering Youth in our **6-12 program**: Parent Meeting @ 7:30 PM on Wed. Aug. 14th
- What happens if I have youth in both programs? You may attend either gathering.

Program Cost: \$50.00 one child, \$90.00 two children, \$120.00 for three or more children.

Registration deadline is the evening of August 14th which is our Registration Return Night.*

A post-registration period fee of **\$15 will be applied to registrations turned in after August 14th.**

Student aid and payment options available! Just ask about our options.

Contact the Director of Faith Formation for confidential student aid or payment plan. Do not let the cost of Faith Formation keep your family from participating. Call 319.524.8334 today!

Please complete one form for each child, thank you for your cooperation.

Participants (youth) Full Name: _____ Grade: _____ Age: _____

**Adult Faith Partner/ Parents Name: _____ Relationship to Participant: _____

Adult Faith Partner's Phone # (if other than parent): _____

K-5 Only: Does anyone in your family / Faith Partner have a dietary restriction? (please circle one) YES // NO

If you do have a dietary restriction in your family, please describe (we will do our best to accommodate):

Parent/Faith Partner's **active email** address: _____

****Note:** A 'Faith Partner' is an adult individual who will serve as a child's contact and will be responsible for attending all K-5 monthly sessions with the child they are sponsoring as well as carrying those lessons out for the rest of the month at home. If your young person is in 6-12th Grades the faith partner will simply be responsible for mentoring, communicating, and supporting your young person in our ministry program. 'Faith Partners' may be the parents & family themselves, godparents, grandparents, confirmed siblings, or any other trusted adult who is a baptized Catholic and is confirmed and in good standing.

~~~~~ For office use only ~~~~~

Amount enclosed: \$ \_\_\_\_\_ Date received: \_\_\_\_\_ Family: \_\_\_\_\_ / \_\_\_\_ of \_\_\_\_

**ENVELOPED** Registrations can be submitted by: Drop-off at the Parish Office during hours, by standard mail (to: Church of All Saints, 310 S. 9<sup>th</sup> St., Keokuk, IA 52632), or at Registration/ Parent Mtg. Night August 14<sup>th</sup> at the Church of All Saints (K-5 meets @ 6:00 PM // 6-12 meets @ 7:30 PM) **Questions?** Call 319.524.8334 or email: [keokukallsaintsdre@diodav.org](mailto:keokukallsaintsdre@diodav.org)

**Church of All Saints ~ Permission, Health, and Medical Release Form**

*Please complete one form for each child, thank you for your cooperation.*

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*In case of emergency and parent/guardian cannot be reached, alternate contact is:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Information: Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Policyholder: \_\_\_\_\_ **DO NOT ATTATCH SEPARATE PAPERS**

Health Information: Please circle any illnesses, allergies or medication reactions you've had; give approximate dates.

Ear infections Hay fever Rheumatic fever Chicken pox Poison ivy

Diabetes Measles Insects Convulsions German measles

Mumps Asthma Penicillin Other medications Behavioral problems

Any other: \_\_\_\_\_

Immunizations: *Please mark "UTD" if minor is up to date on vaccines for this academic year* **DO NOT ATTATCH SEPARATE PAPERS**

DTP Series Booster \_\_\_\_\_ Tetanus Booster \_\_\_\_\_ Polio OPV Booster \_\_\_\_\_ TB Test \_\_\_\_\_

Operations or serious injuries (include dates): \_\_\_\_\_

Chronic or recurring illness: \_\_\_\_\_

Activity or dietary restrictions (***if you need special foods, please alert parish leader***): \_\_\_\_\_

Any other health problems or comments regarding anything listed above: \_\_\_\_\_

If needed, my child may be given (circle each approved): ASPIRIN ACETOMINAPHEN IBUPROFEN

*If you would like your child to participate in this event, please complete, sign and return this statement of consent. As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student. **Participating adults must fill out the medical information and sign below.***

**Statement of Consent**

Your child/legal dependent is eligible to participate in an activity at the school/parish site. This activity will take place under the supervision of: **The Church of All Saints** (Parish/School). Supervisor of Activity: **Trevor Pullinger DFF&YM** Program Volunteer(s):

**Contact Parish Office for detailed list of Catechists and other assistants 319.524.8334**

Date/Activity/Destination: **Church of All Saints Family Faith Formation / Youth Ministry Program as per attached calendar which may be updated / changed without notice to add or take away meetings, gatherings, events, etc.**

I give permission for my child/legal dependent to participate in the above-mentioned activity, sponsored by the Church of All Saints. I submit that this health history is accurate and correct so far as I know, and the person described herein has permission to engage in all planned activities, except as noted by me or examining physician. In the event of sickness or accident, the adults supervising this activity have my permission to secure medical care for my child/legal dependent. I hereby release the Diocese of Davenport, the Church of All Saints and all adult sponsors from any and all claims arising out of or from any accident or other occurrence, causing injury to any person or property, during this event. *This information may be shared with other adults from the parish for the benefit of my child/legal dependent.*

In the event of an emergency, I hereby give permission to the physician selected by the adult/s supervising this activity to secure proper and adequate treatment including hospitalization, injection, anesthesia or surgery for myself, if of majority age, or the child/legal dependent listed, if a minor. I accept responsibility for all medical/surgical treatment charges, which may be incurred.

**Photo Release:** *Pictures of my child/legal dependent taken during event may be used in print or electronic media to publicize future events, unless I indicate to the Director of Faith Formation and Youth Ministry at the Church of All Saints in writing to the contrary.*

**Review of Expectations:** *I have read and fully understand all expectations outlined in: the Faith Formation / YM Handbook and the Faith Formation / YM Calendar and have reviewed all expectations of both with my child.*

Parent/Guardian signature (if participant is a minor): \_\_\_\_\_ Date: \_\_\_\_\_

Adult participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

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