

Church of All Saints Faith Formation Program

Youth Registration Form

Program Cost: \$50.00 one child, \$85.00 two children, \$115.00 for three or more children.

Registration deadline is the evening of September 12th which is our Registration Return Night held at 6:30 pm at All Saints Church.

A post-registration period fee of **\$15 will be applied to registrations turned in after September 12th.**

Student aid and payment options available!

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!

Opening Mass/ Registration Return Night is Wednesday September 12th at the Church of All Saints 6:30 pm

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

Student's Full Name: _____ Grade: _____ Age: _____

Has student received the following Sacraments? (Circle yes or no)

Also, please accurately name Church and City/State.

Baptism	Yes	No	Where _____	Year of Baptism: _____
Reconciliation	Yes	No	Where _____	
Eucharist	Yes	No	Where _____	
Confirmation	Yes	No	Where _____	

Parent/Guardian **active email** address: _____

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

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

**ENVELOPED** Registrations can be submitted by: Drop-off at the Parish Office during hours, in the collection plate at weekend Mass times, by standard mail (to: Church of All Saints, 310 S. 9<sup>th</sup> St., Keokuk, IA 52632), or at Opening Mass / Reg. Return Night Sept. 12<sup>th</sup> @ Church of All Saints, 6:30 pm

**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 Program, Wednesdays 6:30 pm to 8:00 pm as per attached calendar**

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 Handbook and the Faith Formation 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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