



**St. Elizabeth & St. Dominic  
Faith Formation**  
506 North Union Street  
Tecumseh, MI 49286  
Tel: 517-423-2447



**ST. ELIZABETH/ST. DOMINIC FAITH FORMATION REGISTRATION FORM**

Family Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Head of Household First Name \_\_\_\_\_ Spouse First Name \_\_\_\_\_

HOH Cell Phone \_\_\_\_\_ Spouse Cell Phone \_\_\_\_\_

HOH Religious Denomination \_\_\_\_\_ Spouse Denomination \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City & Zip \_\_\_\_\_

Emergency Contact Person:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Please list names of family members who will attend Faith Formation Programs

\*Class Choices:

1. Preschool (4yr) – 5<sup>th</sup> Grades; Sunday 9:00 – 10:15am
2. Grades 6<sup>th</sup>- 8<sup>th</sup>; Monday 6:30-8:00pm, (multi-grade class)
3. Grades 6-12; Sunday 6:30-8:00pm (indicate *Ignite*, for our post-confirmation group)

First Name	Birthdate	Sex	School Grade	Sacraments Received	*Class Choice (#)

*Those receiving a Sacrament must attend class one year prior to Sacrament year  
Children in 2<sup>nd</sup> grade receive First Reconciliation and First Communion  
9<sup>th</sup> grade is Confirmation Prep I, 10<sup>th</sup> grade is Confirmation Prep II (receive Sacrament)*

## HEALTH HISTORY & MEDICAL RELEASE FORM

Name of parent/guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City & Zip \_\_\_\_\_

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

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Child 1** Name \_\_\_\_\_

Immunizations (Record year of last immunization)

Tetanus/Diphtheria \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_

Chicken Pox \_\_\_\_\_ Polio \_\_\_\_\_ TB \_\_\_\_\_ Hepatitis B \_\_\_\_\_

Medical Concerns & Allergic Reactions \_\_\_\_\_

\_\_\_\_\_

**Child 2** Name \_\_\_\_\_

Immunizations (Record year of last immunization)

Tetanus/Diphtheria \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_

Chicken Pox \_\_\_\_\_ Polio \_\_\_\_\_ TB \_\_\_\_\_ Hepatitis B \_\_\_\_\_

Medical Concerns & Allergic Reactions \_\_\_\_\_

\_\_\_\_\_

**Child 3** Name \_\_\_\_\_

Immunizations (Record year of last immunization)

Tetanus/Diphtheria \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_

Chicken Pox \_\_\_\_\_ Polio \_\_\_\_\_ TB \_\_\_\_\_ Hepatitis B \_\_\_\_\_

Medical Concerns & Allergic Reactions \_\_\_\_\_

\_\_\_\_\_

**Child 4** Name \_\_\_\_\_

Immunizations (Record year of last immunization)

Tetanus/Diphtheria \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_

Chicken Pox \_\_\_\_\_ Polio \_\_\_\_\_ TB \_\_\_\_\_ Hepatitis B \_\_\_\_\_

Medical Concerns & Allergic Reactions \_\_\_\_\_

\_\_\_\_\_

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### PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, I hereby give permission to transport my child to the nearest hospital/emergency center for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.

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

Family Insurance Provider/Health Plan \_\_\_\_\_

Health Plan Number \_\_\_\_\_ Exp \_\_\_\_\_

## PHOTOGRAPHY/VIDEOGRAPHY PERMISSION

### Diocesan Guidelines for Student Safeguards

- Webpage documents may include only the first name and the initial of the student's last name with parent's/guardian's written permission.
- Student's personal email address may not be published on the parish Website.
- Decisions on publishing student pictures and audio/video clips are based on parent's/guardian's written permission.
- Webpage documents may not include any information which indicates the physical location of a student, other than attendance at a particular school/parish, or participation in activities.
- Documents to be copyrighted need date only.

In keeping with these guidelines, we are seeking your permission on the following:

I **GIVE** permission for the following:

- Posting of my child's first name and last initial on Parish website
- Posting of my child's picture on Parish website
- Posting audio/video clips of my child on Parish website
- Posting my child's first name and last initial on Parish Facebook pages
- Posting my child's picture on Parish Facebook pages
- Posting audio/video clips of my child on Parish Facebook pages
- Tagging my child on Parish Facebook pages
- Posting of my child's classwork on Parish's website and Facebook pages

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## SOCIAL MEDIA & TEXTING PERMISSION

I agree to have St. Elizabeth Parish communicate with my child(ren) through social media, such as, but not limited to: e-mail, Facebook, Twitter and texting.

Name

Cell phone number/E-mail

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**OR**

I do not agree to have St. Elizabeth Parish communicate with my child(ren) through social media; our family will actively pursue obtaining necessary information to participate fully in the program.

Child(ren) name(s) \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## FAMILY STEWARDSHIP

Many hands are needed to have a successful program, please consider volunteering. Please check which of the following you would like to help with. All family members can help, not just parents!

Activity	Name	
Catechist	_____	Preferred grade level _____
Catechist Aide	_____	Help/team teach; preferred grade level _____
Substitute Catechist	_____	Preferred grade level/day _____
***Substitute Catechists are in dire need***		
Babysitting	_____	During parent meetings or events
Special Events	_____	Help with special events
Chaperone	_____	Retreats, special events, youth group; must be 21+
Other	_____	_____

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### PROGRAM FEE

Preschool (4 yr) – 10<sup>th</sup> grade: \$50/child  
\*Sacrament years, 2<sup>nd</sup> & 10<sup>th</sup> grade: \$60.00/child  
Ignite (post –confirmation): \$10/teen  
*There is a \$200 maximum per family cap*

*We do not want any child left behind, if you find tuition to be a hardship, please contact us, confidentially.*

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#### FOR OFFICE USE ONLY

Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Received by \_\_\_\_\_

Cash \_\_\_\_\_ Check Number \_\_\_\_\_ Receipt Number \_\_\_\_\_

*We understand that the total tuition may be difficult to pay at one time; therefore we require a \$25.00 deposit when registering, and will set up a payment plan with you.*

Amount Due \_\_\_\_\_ Date Paid \_\_\_\_\_ Receipt Number \_\_\_\_\_