



# St. Elizabeth & St. Dominic Faith Formation

506 N. Union St.  
Tecumseh, MI 49286  
Tel: 517-423-2447

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

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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 \_\_\_\_\_

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

Class Choices:

1. Preschool- 5<sup>th</sup> grade; Sunday 9:00-10:15am
2. Grades 6-12; Sunday 6:30-8:00pm (indicate Ignite for our post-confirmation group)

First Name	Birthdate	Sex	Sacraments Received	School Grade

*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 name 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 (positive only)

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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 the obtaining of information necessary to participate fully in the program. (List children's names below)

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

## FAMILY STEWARDSHIP

Many hands are needed to have a successful program. We are asking each family to 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/class time _____
***Substitute Catechists are in dire need***		
Babysitting	_____	During parent meetings or events (13 and over)
Special Events	_____	Help with special events
Chaperone	_____	Retreats, special events, youth group; must be 21+
Other	_____	_____

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### PROGRAM FEE\*

Preschool – 10<sup>th</sup> grade: \$50 per child

✚ Sacrament years (2<sup>nd</sup> and 10<sup>th</sup> grade): additional \$10 fee

Ignite (post-confirmation): \$10 per child

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.

*\*There is a \$200 maximum per family cap.*

*We do not want any child left out. If, for any reason, you find tuition a hardship or have a special situation please contact us. These situations will be handled confidentially.*

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#### FOR OFFICE USE ONLY

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

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

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