

St. Rose St. Mary's Faith Formation Registration 2017-2018

140 Auto St. Clintonville, WI 54929

715-201-9913

www.ssrmparishes.org

Michelle Vosters, Coordinator of Children's Ministry

Maria Scherer, Coordinator of Youth Ministry

Tonya Branstrom, Faith Formation Administrative Assistant

Family Information

Family Name: _____

I am a parishioner at: _____

Mother: First Name: _____ Last Name: _____

Street Address: _____

Best Phone Number to be reached at: _____

Email Address: _____

Father: First Name: _____ Last Name: _____

Street Address: _____

Best Phone Number to be reached at: _____

Email Address: _____

Student Information

Student Name: _____ Grade: _____

Date of Birth: _____ Date of Baptism: _____ Church: _____

Other Sacraments Received: _____

Special Needs/Allergies: _____

Student Name: _____ Grade: _____

Date of Birth: _____ Date of Baptism: _____ Church: _____

Other Sacraments Received: _____

Special Needs/Allergies: _____

Student Name: _____ Grade: _____

Date of Birth: _____ Date of Baptism: _____ Church: _____

Other Sacraments Received: _____

Special Needs/Allergies: _____

Emergency Information

Contact Other than Parent: _____

Phone Number for Contact: _____

Relationship to Child: _____

Parents will always be contacted first. We need an additional contact in case parents cannot be reached.

Physician Name: _____ Phone Number: _____

Fees

Faith Formation Tuition is Free! There is a First Reconciliation and Eucharist Retreat Fee of \$30, a Confirmation Retreat Fee of \$60 and a Confirmation Sponsor Retreat Fee of \$25. There are also youth events such as Youth Jam, John Bosco Days, WI Catholic Youth Rally, etc. that there will be an extra charge for.

Volunteer Sign Up

Please indicate what are willing to volunteer for.

Catechist: _____

Family Night Helper: _____

Substitute Catechist: _____

Wednesday Night Dinner Ministry: _____

Retreat Helper: _____

Date Preference: _____

Prayer Tester: _____

Classroom Helper: _____

Scrip Helper: _____

Weekly Prayer Team: _____

MEDICAL RELEASE

Initials

My signature below empowers St Rose St Mary's Faith Formation authorities to exercise their own judgment in calling the physician listed on my child's registration form, or if not available, to transport the student to the hospital emergency department if medical attention is deemed necessary. I understand that I will be contacted immediately.

HOLD HARMLESS AGREEMENT

As parent/guardian, I remain legally responsible for any personal actions taken by my child (student named above). I agree on behalf of myself, my child, or our heirs, successors, and assigns, to hold harmless and defend St Rose St Mary's Faith Formation, its officers, directors, employees and agents, and the Diocese of Green Bay, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and Diocese of Green Bay its employees and agents and chaperones, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of Green Bay.

Parent/ Guardian Signature _____ Date _____

