

July Faith Formation Grades PreK4- 5th Repetition of School Year 2018-2019

Please print clearly and complete all information

MOTHER <input type="checkbox"/> STEP-MOTHER <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/>	FATHER <input type="checkbox"/> STEP-FATHER <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/>
First Name _____	First Name _____
Last Name _____	Last Name _____
Cell # _____ <input type="checkbox"/> YES, send me updates via text to this number	Cell # _____ <input type="checkbox"/> YES, send me updates via text to this number
Email: _____ <input type="checkbox"/> YES, send me updates via email	Email: _____ <input type="checkbox"/> YES, send me updates via email
Primary Residence. Mailing Address + Apt.# + City / Zip Code _____	
Primary Phone Number: _____	Language spoken in home? (check all that apply) English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____
CHILD / REN LIVE WITH: BOTH PARENTS <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> OTHER: _____	
Parish Members? (choose one): <input type="checkbox"/> REGISTERED AT CGS <input type="checkbox"/> NOT REGISTERED with in BOUNDARY <input type="checkbox"/> OUT-SIDE BOUNDARY	
EMERGENCY CONTACT if parents cannot be reached in case of an emergency	
Name _____	Relationship to Child(ren) _____ Phone # _____

Please print clearly and complete all Student's information

BAPTISM CERTIFICATES (copies) FOR CHILDREN SHOULD BE ATTACHED UNLESS PREVIOUSLY SUBMITTED IN JUNE 2016

	CHILD 1	CHILD 2	CHILD 3
NAME OF CHILD:	<i>First Name & Last Name</i>	<i>First Name & Last Name</i>	<i>First Name & Last Name</i>
CHILDS GOES BY:	NICKNAME	NICKNAME	NICKNAME
BIRTH DATE:	<i>Month/ Day/ Year</i>	<i>Month/ Day/ Year</i>	<i>Month/ Day/ Year</i>
GRADE IN SEPTEMBER 2018 PreK4 (child must have turned 4 years old on or before 9/1/18)			
GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Was child baptized CATHOLIC?	NO <input type="checkbox"/> YES <input type="checkbox"/> <small>Is Copy of Baptism certificate attached? _____</small>	NO <input type="checkbox"/> YES <input type="checkbox"/> <small>Is Copy of Baptism certificate attached? _____</small>	NO <input type="checkbox"/> YES <input type="checkbox"/> <small>Is Copy of Baptism certificate attached? _____</small>
Has child made his/her 1st COMMUNION in a Catholic Church?	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>
Has child been CONFIRMED in a Catholic Church?	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>
Did child completed FF (CCE/RE) last school year 2017-2018?	NO <input type="checkbox"/> YES <input type="checkbox"/> <small>If YES-Parish Name</small>	NO <input type="checkbox"/> YES <input type="checkbox"/> <small>If YES-Parish Name</small>	NO <input type="checkbox"/> YES <input type="checkbox"/> <small>If YES-Parish Name</small>
Allergies, Health issues			
Special needs			
Symptoms Produced / explanation			
List ALL medications presently taking			

THIS SECTION IS ONLY FOR CHILDREN AGES 1 YEARS – 3 YEARS

Nursery for children ages 1 year - 3 years is provided for the ADULT FULL TIME DAILY volunteers ONLY. See page-2 for details

Toddler's First Name / Last Name	Birth Date M/D/Y	Allergies/Symptoms Produced, Health Issues, Special Needs	Medications Presently Taking

TEEN HELP opportunities are available for youth in 6th grade and up. Catechists' teens will be placed first.

THIS SECTION IS ONLY FOR TEENS IN GRADES 6TH AND UP

Teen's First & Last Name	Birth Date M/D/Y	Allergies/Symptoms Produced, Health Issues, Special Needs	Medications Presently Taking	
				Teens' parents will be contacted for volunteering areas available

PLEASE COMPLETE OTHER SIDE

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WE NEED PARENT SUPPORT

or your child may be on a waiting list without your help!

There are numerous opportunities to become involved in a meaningful way with the faith formation activities / classes for your children.
Please check the areas you would be interested in helping and you will be contacted by a team member.

*ADULT FULL TIME DAILY VOLUNTEER

Adult volunteer first and last name: _____ Phone number _____ Txt okay

Has volunteer taken Safe Environment training and submit background check? Yes No

Catechist (Teacher) Grade Preferred _____ Do you want your child in your class? Yes No

Assistant Catechist Grade Preferred _____ Do you want your child in your class? Yes No

Nursery Care Giver Prayer & Music Story Teller Guardian Angel (Hall Monitor)

ADULT ONE-TIME ASSISTANCE

Adult volunteer first and last name: _____ Phone number _____ Txt okay

Greeting students and parents in Social Hall before and after class Last day of program clean-up

Family Dinner: set-up serving clean-up

PARENT OR LEGAL GUARDIAN CONSENT & LIABILITY

As parent / legal guardian, I grant permission:

- for my child/ren to participate in all Children's / Youth Ministry activities for the 2019-2020 school year.
- for photos and/or videos (individual and group) to be taken during activities and used in the parish bulletin, website, power point presentations, etc. for non-commercial purposes. Child/Children's full names or personal information will not be published.
- **I understand Summer Faith Formation is the repetition of school year 2018-2019 and by attending my child will be credited as such and not -as advancing a school year.**
- I understand full attendance for the entire 10-day course is mandatory for credit to be issued
- I agree on behalf of myself, my child's/children's other parent, my child/children named herein, to hold harmless and defend the Archdiocese of Galveston-Houston, Christ the Good Shepherd Catholic Community (its pastor, ministers, other agents, etc.) or representatives associated with the scheduled activities unless the parties involved were careless or negligent.

Parent or Legal guardian Signature _____ Today's Date _____

CANCELLATION/ REFUND POLICY

- 50% of total materials fee will be refundable for cancellations initiated PRIOR to first day of Faith Formation program
- No refund will be given after the first day of starting Faith Formation program
- Refunds are paid by check only. It takes 4 to 6 weeks for a refund check to be issued.
- No child will be excluded from Faith Formation or Sacraments program for financial reasons.
- The Directors of Faith Formation and Sacraments are willing to work with any family requiring financial assistance. Please contact the parish office 281-376-6831

By writing my initials, I have read and agreed to the terms of this policy _____

MEDICAL INSURANCE INFORMATION IN CASE OF AN EMERGENCY

Physician / Clinic Name _____ Physician / Clinic Phone # _____

Insurance Carrier: _____ Policy / Group # _____

Name of Insured _____ Insurance Phone # _____

PAYMENT MUST BE INCLUDED WITH REGISTRATION FORM – MAKE CHECKS PAYABLE TO CGS

SUMMER SESSION DATE
JULY 8 – 19, 2019
9:30AM-1:30PM

MATERIAL FEES FOR SUMMER FF
PREK-4 THRU 5TH GRADES
Per child - \$75.00

FOR OFFICE USE ONLY

DUE\$ _____ TODAY'S DATE: _____

AMT PD \$ _____ CASH CK# CRT CARD