

FAMILY NAME _____

Today's Date _____

HOLY SPIRIT PARISH FAITH FORMATION/REP REGISTRATION INFORMATION

**THIS FORM IS DUE TO HOLY SPIRIT PARISH BY OR BEFORE
SUNDAY, 10 SEPTEMBER 2017 (Grades 1-8)**

SUNDAY, 17 SEPTEMBER 2017 (All other Grade 9-12 Youth Ministry/Confirmation students)

Student Full Name _____
Student Date of Birth _____ Age _____ Grade _____
Current School/Fall _____
Approximate Date (Mo/Yr) of any Sacraments (please complete all that apply):
Baptism _____ Parish _____
Reconciliation _____ Parish _____
Eucharist _____ Parish _____
Confirmation _____ Parish _____

Student Full Name _____
Student Date of Birth _____ Age _____ Grade _____
Current School/Fall _____
Approximate Date (Mo/Yr) of any Sacraments (please complete all that apply):
Baptism _____ Parish _____
Reconciliation _____ Parish _____
Eucharist _____ Parish _____
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Student Full Name _____
Student Date of Birth _____ Age _____ Grade _____
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Approximate Date (Mo/Yr) of any Sacraments (please complete all that apply):
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Eucharist _____ Parish _____
Confirmation _____ Parish _____

Student Full Name _____
Student Date of Birth _____ Age _____ Grade _____
Current School/Fall _____
Approximate Date (Mo/Yr) of any Sacraments (please complete all that apply):
Baptism _____ Parish _____
Reconciliation _____ Parish _____
Eucharist _____ Parish _____
Confirmation _____ Parish _____

Mailing Address _____
Home Phone _____ Alternative Phone _____

Father's Name _____
Father's Address _____
Father's Phone _____ Alternative Phone _____
Father's Religion _____ Father's Email Address _____

Mother's Name _____ Maiden Name _____
Mother's Address _____
Mother's Phone _____ Alternative Phone _____
Mother's Religion _____ Mother's Email Address _____

Emergency Contact #1 _____ Phone _____
Emergency Contact #2 _____ Phone _____

List any other adult besides the above who has permission to pick up/drop off your student:

Name _____ Phone _____

Y N Child/Young People's Parents married in the Catholic Church?

If you answered NO to the above question, can Holy Spirit Parish help with connecting you to information on any of the following subjects?

- _____ Convalidation of marriage (a.k.a. -- "getting marriage blessed in the Church")
- _____ Becoming godparents to another child
- _____ Eucharist/Communion questions
- _____ Confession/Reconciliation/Penance questions
- _____ Rite of Christian Initiation of Adults (RCIA a.k.a. "converts")
- _____ Divorce
- _____ Annulment
- _____ Catholics Come Home (returning to the Catholic Church after an absence)

- Y N Do you have access to internet service?
- Y N Do you use a cell phone as your primary internet service?
- Y N Do you use and/or check email on a daily basis?
- Y N Do you use facebook at any level?
- Y N Have you EVER (even once) visited our Holy Spirit Parish Website?
- Y N Have you EVER (even once) visited our Holy Spirit Parish Facebook page?
- Y N Have you EVER (even once) visited our Diocesan website?

**For Children and Young People GRADES 3-12 ONLY:
(and who have completed the Sacraments of Reconciliation and Eucharist)**

We continue to work on additional formation and training for ministries of Altar Servers as well as Children's/Youth Music Teams. There may be times when your child/young person may receive training in place of Faith Formation on their respective day, or be asked to attend additional practices. Altar Server Training takes place at the discretion of the Pastor and scheduling takes place at (2017-18) the discretion of the Director for Faith Formation. Children's opportunities typically audition new members once per specific liturgical seasons. Children and families are not entitled to these ministries. Weekly Mass attendance and frequent participation in sacraments is expected. Altar Ministry and Music Ministry – as any vocation – is a prayerful answer and response to a call from God. Both of these are heartfelt ministries of the entire family. You will be notified in advance by letter, call, email, flocknote, or the parish bulletin of these opportunities. **By signing below you indicate that you understand these opportunities will be offered to your children/young people/family.**

Parent/Guardian Signature: _____ Date: _____

For Parent(s)/Guardian(s) of all Faith Formation/REP, Confirmation, & Youth Ministry Students:

I have read, understand, and agree to the terms of my registration. I understand and agree to make sure my child attends weekly Lord's Day Mass and Faith Formation/REP sessions without exception. I understand and agree that I am the primary faith educator of my child and that this means I am expected to be a present and active witness to the faith of our Catholic Church and the life and teachings of Jesus to my child both in word and in practice. I know it is important to pray with and for my family and my child(ren). I recall and affirm the promises I made at either my own Sacrament of Marriage and/or the Baptism of my child to be consistently committed to bringing him/her up according to the teachings of Jesus and our Catholic Church. I understand and agree that my support of my child is imperative both emotionally and spiritually throughout the ongoing process of conversion, catechesis and faith formation. I understand and agree that Holy Spirit Parish desires to support me in this journey.

I understand I must register a valid email/cell phone number at <https://app.flocknote.com/pointcatholic>

Parent/Guardian Signature: _____ Date: _____

Diocese of La Crosse
Child Comprehensive Medical Release & Permission Form

Contact Information

Name: _____ Date of Birth: _____ Male Female
 Parish Name/City: _____ Year of Graduation: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone #: _____ (Home) E-mail Address: _____
 Mother's name: _____ Phone: (H) _____ (W) _____ (C) _____
 Father's name: _____ Phone: (H) _____ (W) _____ (C) _____
 Emergency Contact: _____ Relationship: _____
 Phone: (H) _____ (W) _____ (C) _____
 Physician: _____ Clinic/Hospital: _____ Office Phone: _____
 Medical Insurance Company: _____ Policy #: _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which the participant is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken. The parish/Diocese of La Crosse will take reasonable care to see that the following information will be held in confidence. Some activities may be physically strenuous (especially mission trips and camps). If you desire to limit a participant's participation in any way, please submit your wishes in writing prior to the trip.

1. Is the participant in good health and able to participate in normal activities? Yes No
 If not, please submit a statement indicating limitations and/or restrictions.
2. Please give the date of the participant's most recent physical examination: _____
3. Immunization History (Please give dates)
 Date of last Tetanus Shot: _____
Please fill in below only for foreign mission trips:
 DPT _____ DPT Booster _____ Polio Booster _____ Polio Series _____
 Other, if any necessary, for specific trip: _____
*Note: You are responsible for consulting your doctor about immunizations necessary for foreign missions.
4. Allergies
 Pollens _____ Medications _____ Food _____ Insect bites _____
 Please note specifics: _____
5. Has the participant ever suffered from or been treated for any of the following:
 Asthma _____ Epilepsy/seizure disorder _____ Heart trouble _____
 Diabetes _____ Frequently upset stomach _____ Physical handicap _____
 Depression _____ Emotional/Mental Disorder _____ Other _____
6. Operations, serious injuries, or major illnesses in the past year:
 _____ Dates: _____
7. Is the participant subject to chronic homesickness, emotional reactions to new situations (sleepwalking, bedwetting, fainting)? _____
8. Has the participant recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, list date and disease or condition: _____
9. Does the participant have a medically prescribed diet? Yes No
10. The participant is a swimmer non-swimmer

Medical Treatment

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment at my expense. I wish to be advised prior to any further treatment by the hospital or doctor. In the event that you are unable to reach me, such treatment may be administered if deemed necessary. In the event of an emergency, if you are unable to reach me at the numbers given above, please contact the emergency contact listed above.

Initials of Parent Guardian: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of La Crosse, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Initials of Parent Guardian: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: _____

Initials of Parent Guardian: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

OR

I hereby grant permission for non-prescription medication (such as aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child if deemed appropriate.

Initials of Parent Guardian: _____ Date: _____

Initials of Parent Guardian: _____ Date: _____

Parental/Guardian Consent and Liability for Minors

I, _____, grant permission for my child, _____ to participate in this diocesan/parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of diocesan/parish employees and/or volunteers from Holy Spirit Parish

A brief description of the activity follows:

Type of activity: Faith Formation/REP & Youth Ministry/Confirmation (this covers all HSP on campus activities)

Individual in Charge: Holy Spirit Parish

Estimated time of departure and return: N/A

Mode of transportation to and from activity: N/A

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Holy Spirit Parish, its officers, directors, employees and agents, and the Diocese of La Crosse, 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 therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of La Crosse, its employees and agents and chaperones, or representative 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/diocese.

Initials of Parent Guardian: _____ Date: _____

For Holy Spirit Parish (8/2017)

I understand that the information contained on pages 1-3 of this document is good for one (1) year from the date of my signature below. I understand that I will be contacted and expected to pick up my child if s/he is in violation of the Code of Conduct on Page 3 of this document. I understand that I will receive the above *Consent and Liability for Minors* section of this document for each individual event my child(ren) participates in. I understand I may contact Colleen for this document to be presented to me for any updates at any time.

Signature of Parent/Guardian: _____ Date: _____

STUDENT CODE OF CONDUCT (Grades 1-12)

Students are expected to:

- Attend weekly Lord's Day Mass and class regularly.
- Pray regularly.
- Participate in class activities and discussions.
- Learn assigned prayers for each grade level.
- Attend and participate in planned church visits and liturgical celebrations as scheduled
- Respect their catechist and classmates at all times
- Respect the property of others
- Finish food or drinks before coming to class
- Accept responsibility for his/her conduct or actions: no abusive language, fighting, vandalism, stealing, or disrespect will be tolerated.

I/we agree to direct my/our child to cooperate and comply with all reasonable directions and instructions from parish/school/diocesan staff or adult volunteer leaders.

Signature of Parent _____

Date _____

YOUTH MINISTRY CODE OF CONDUCT (Grades 6-12...siblings may sign the same sheet):

I agree to uphold and exemplify positive Catholic values, and I understand that my participation in this program requires compliance with rules and regulations regarding my conduct.

Specifically, I agree that during my participation in programs:

- I will participate fully in all activities;
- I will follow the directions of adult leaders;
- I will treat adult leaders and other participants with dignity and respect;
- I will stay with my assigned group, and participate in the approved activity;
- I will obey all pre-existing conditions per event/activity regarding cell phone use;
- I will dress appropriately at all times;
- I will not use, bring, or be under the influence of illegal drugs or alcohol;
- I will not smoke or use tobacco products;
- I will not engage in inappropriate sexual behavior; I will not be in possession of pornography
- I will not be in the possession of or use firearms, knives, or weapons of any kind;
- I will not engage in acts of violence, stealing, dishonesty, gambling, or profanity; and
- I will respect the physical property of the facility & of others, & will not engage in acts of vandalism.

I agree to abide by these rules and the supervision of adult leaders, and understand that violations will be dealt with in an immediate and appropriate manner. If I should be dismissed from participation in a program, I understand my parents will be contacted to arrange for my immediate transportation home.

Signature of Youth Participant _____

Date _____

Signature of Parent (acknowledging the commitment of your young person/people):

I/we agree to direct my/our child to cooperate and comply with all reasonable directions and instructions from parish/school/diocesan staff or adult volunteer leaders.

Permission to Use Participant Photos –

You have my permission to use said participant's photos for commercial purposes (Ex: advertising this event in flyers, parish website, bulletin, and facebook page):

Parent/Guardian Initials _____

Date _____

Statement of Truth and Accuracy –

I hereby certify that all of these statements are true and accurate to the best of my knowledge.

Parent/Guardian Initials _____

Date _____

Some last details...

Our Catholic Church believes and teaches that adults are called first to deepen their own faith and growth – and we will be coming up with a few opportunities for adults and parents this year to gather with other parents/adults to encounter some aspect of our faith in a new way.

We have several nights built in this year that include liturgy for you to attend as a family. Participating in the life of the Church through sacraments is the most important thing you can do for and with your family.

Parents are always welcome to attend class sessions with their child. Beyond this general welcome – I'd invite parent(s) from each family to be intentional this year about attending 1 additional classroom session with their child. Just 1 night – if you have multiple children – we will get you to multiple classrooms. If you are a Catechist/Faith Formation Team member – we will get you a sub.

To assist our classroom teams to be prepared for an occasional family formation night – please choose/circle 1 of the following dates to attend with your child/ren (and record it in your calendar):

- 18 October**
- 29 November**
- 7 February**
- 25 April**

Additionally – I will be spending time in prayer each day for our parish and especially for our families in Faith Formation/REP. I also very much need your prayers. Please choose a number day of the month you can remember. This will be the day of every month I will be praying for the specific needs of your family and you can remember me in prayer on that day each month if you wish. (Ex. – 17th of every month I'm praying for the Smith and the Rivera families). Circle your date.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

2017 TUITION (checks made out to Holy Spirit Parish)

Grades 1-8/RCIA = \$60 per child

Grades 9-12/including Youth Ministry & Confirmation Prep = \$75 per young person

Please add \$50 for (Grade 2) First Sacraments additional materials, retreat, etc..

\$180 all-inclusive cap per family

(all programs are partially subsidized by parish)

FOR OFFICE ONLY:

- _____ Parish Registration
- _____ FF Registration
- _____ Tuition Paid
- _____ Baptismal Certificate
- _____ COB Notified
- _____ Parent Meeting
- _____ Sponsor Meeting

- _____ Rite of Commitment
- _____ Waiver/Release
- _____ Attendance added
- _____ Sacraments recorded
- _____ Retreat attended
- _____ Service Hours Completed
- _____ Family interview