

## 2019/2020 Religious Education Registration Form

Office of Faith Formation-West at St. Cornelius  
3834 N. Mill Street  
P.O. Box 208  
Dryden, MI. 48428  
(810) 796-4701

[faithformation-west@fmsaints.com](mailto:faithformation-west@fmsaints.com)

\*\*\*Please complete all 4 pages of the registration form and mail to the office address, place in an envelope marked RELIGIOUS ED and drop in the collection basket at Mass, or return to the Religious Ed mailbox in the Marian Hall.

Family Last Name
Family Address
City/State/Zip Code
Family Contact Number
Family Email Address

Is your family registered in the Clustered Parishes of St. Cornelius and St. John the Evangelist? <span style="float: right;">Yes or No</span>
If NO, where is your family registered? _____ City and State: _____
If your family is <u>NEWLY</u> registered in our clustered parishes, name of previous parish: _____ City and State: _____

<u>Father's Name</u>	<u>Address (if different from child)</u>	<u>Contact Number</u>	<u>Religion</u>
<u>Mother's Name</u>	<u>Address (if different from child)</u>	<u>Contact Number</u>	<u>Religion</u>

Emergency Contact <u>NAME</u> , other than parent/guardian:
Emergency Contact <u>NUMBER</u> , other than parent/guardian:

Office Notes:

<b>Name of Child #1</b>		<b>Name of Child #2</b>		<b>Name of Child #3</b>	
Gender	( ) Male ( ) Female	Gender	( ) Male ( ) Female	Gender	( ) Male ( ) Female
Grade in Fall		Grade in Fall		Grade in Fall	
Birth Date & Year		Birth Date & Year		Birth Date & Year	
Age		Age		Age	
Special Needs/Allergies		Special Needs/Allergies		Special Needs/Allergies	
Sacraments Needed this year:	( ) Baptism ( ) Eucharist ( ) Confirmation ( ) None	Sacraments Needed this year:	( ) Baptism ( ) Eucharist ( ) Confirmation ( ) None	Sacraments Needed	( ) Baptism ( ) Eucharist ( ) Confirmation ( ) None
<b>Name of Child #4</b>		<b>Name of Child #5</b>			
Gender	( ) Male ( ) Female	Gender	( ) Male ( ) Female		
Grade in Fall		Grade in Fall			
Birth Date & Year		Birth Date & Year			
Age		Age			
Special Needs/Allergies		Special Needs/Allergies			
Sacraments Needed	( ) Baptism ( ) Eucharist ( ) Confirmation ( ) None	Sacraments Needed	( ) Baptism ( ) Eucharist ( ) Confirmation ( ) None		

**2019/2020 TUITION RATES:**

Preschool/Kindergarten.....\$30.00  
1st-8th Grade:  
 One Child.....\$60.00  
 Two Children.....\$90.00  
 Three or more children.....\$120.00

**FOR OFFICE USE ONLY:**

Tuition \_\_\_\_\_  
 Fees \_\_\_\_\_  
 Total \_\_\_\_\_  
 Received \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Cash \_\_\_\_\_  
 Date \_\_\_\_\_  
 Intake \_\_\_\_\_

**2019/2020 CLASS OFFERINGS:**

**PRESCHOOL/KINDERGARTEN:**

11 Sunday classes September-March  
 11:00AM-12:00PM (During Mass)  
 Child should already be 4 years old and able to stay  
 in class without a parent.

**1ST-5TH GRADE:**

**TUESDAY NIGHT 6:00-7:30 pm**

(Classes held in Marian Hall, Dunn Hall and the Narthex)

**6TH-8TH GRADE:**

**WEDNESDAY NIGHT 6:00-7:30 pm**

(Classes held in Marian Hall, Dunn Hall and the Narthex)

**SACRAMENT FEE**

**2019/2020:**

**(For additional preparation materials and/or retreat)**

1<sup>ST</sup> Eucharist &  
 Reconciliation.....\$40.00  
 Confirmation.....\$40.00

*Please contact the Office of Faith Formation-West if your family is facing financial difficulty or hardship. (810) 796-4701*

**CIRCLE OF GRACE PERMISSION FORM**

**In accordance with the requirements set by the Office of Safe Environments of the Archdiocese of Detroit, my child has permission to participate in the annual *Circle of Grace Lesson*, taught by the Director of Faith Formation. \*The lesson plan for each grade level is available for parental viewing.**

Child #1 Name & Grade: \_\_\_\_\_

Child #2 Name & Grade: \_\_\_\_\_

Child #3 Name & Grade: \_\_\_\_\_

Child #4 Name & Grade: \_\_\_\_\_

Child #5 Name & Grade: \_\_\_\_\_

**Parent/Guardian:**

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**MEDIA CONSENT:**

The Clustered Parishes of Saint Cornelius and Saint John the Evangelist participate in various correspondence and publicity with families, parishioners, and other members of the community. Parents/Guardians are given the option to allow the use of their children's photo/video, with or without names, for these purposes. Parents may cancel authorization at any time by providing written notice to the Clustered Parish Central Office at:  
3834 N. Mill St., P.O. Box 208, Dryden, MI 48428.

I give permission for my child/children (names listed on registration form) to be photographed and /or videotaped for educational and community relations, and not-for-profit use such as; newsletter articles, parish bulletin, on-site church bulletin boards, and the Clustered Parishes website [www.fmsaints.com](http://www.fmsaints.com)

**Parent/Guardian:**

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Reason for which release is intended: Medical Emergency

Address of Minor: \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Emergency Phone(s): \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

List allergies, medication, contract, or other pertinent comments:

\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Data:

Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician. I acknowledge that it is my responsibility to submit a new form if any of the above information changes.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

(Parent or Guardian)