

Situational Information

Is there any additional information which would be helpful to the student's catechist, i.e. family crisis, divorce, separation, death, or serious illness?

Adult Volunteer

Please indicate any adult volunteer positions that you may be interested in assisting with. The adult volunteer programs are essential to the success of our youth program and your support and assistance make this ministry possible.

Preferred to be contacted by: Phone Email

Have you taken the VIRTUS certification? Yes No If yes, what year did you take the certification?

Life Teen Core Team Chosen Core Team (K-5) Catechist – Sunday 8:45 AM
 Life Teen Core Assistant Edge Core Team (K-5) Catechist – Sunday 10:30 AM
 Life Teen Food Team Edge Core Assistant (K-5) Catechist - Wed. 6:00 PM

Tuition and Fees – Tuition Payment must accompany Religious Education Registration & Parent/Guardian Consent Form.

**Parishioner Registration	<u>Regular by June 30th</u>	<u>Late after July 1st</u>
1 Child	\$50	\$60
2 Children	\$100	\$120
3 Children	\$135	\$165
4 Children	\$160	\$200
5 Children	\$175	\$225

**Non-Parishioner Registration	<u>Regular by June 30th</u>	<u>Late after July 1st</u>
1 Child	\$75	\$90
2 Children	\$150	\$180
3 Children	\$210	\$255
4 Children	\$260	\$320
5 Children	\$300	\$375

*Cost of Non-Confirmation Life Teen is \$20 (\$30 after July 1st)

**Fee for Confirmation students (Year 1 & 2) is \$50 and is not included in the chart.

(\$60 after July 1st)

PLEASE COMPLETE REVERSE SIDE

ST. MARY PARENT/GUARDIAN CONSENT/LIABILITY WAIVER

This page must be submitted with the Registration Form.

This must be filled out by the parent or legal guardian of children under 18 years of age.

NAMES OF CHILDREN

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

MEDICAL CONSENT

In the event of an emergency, I hereby give permission to the staff of St. Mary Catholic Church to seek emergency medical transport and/or treatment for my child(ren) named above. I will be responsible for all costs incurred. I wish to be advised before further care is given by the hospital or doctor. If I cannot be reached, contact:

Name & Relation to child _____ Phone _____
 Family Doctor _____ Phone _____
 Name of Insurance _____ Group Number _____
 Insurance Phone Number _____ Check here if not insured

Signature of Parent/Guardian _____ Date _____

Please list any accommodations we need to be aware of (medical, cognitive, developmental, emotional, or physical) that will impact the children’s ability to learn or participate in activities? (This will only be shared with your child’s Catechist) Include child’s name when sharing information.

VIDEO/PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures and videos (individual and group) may be taken during the classes and activities. I give permission for my child(ren)’s pictures (named above) to be used for church promotional materials such as newsletters, web pages, calendars, Power Point presentations, or videos to promote or highlight activities of the children in their Faith Formation classes.

Signature of Parent/Guardian _____ Date _____

CONSENT AND LIABILITY WAIVER

In the event of any accident or injury, I agree on behalf of myself, my child(ren)’s other parent if known or living (name of parent _____), the child(ren) named above or our heirs, successors, and assigns, to hold harmless and defend the Archdiocese of Galveston/Houston, its pastor or any representative of Faith Formation, unless the parties involved were careless and negligent. Effective for all Faith Formation activities at St. Mary Parish from September 2018 to September 2019.

Signature of Parent/Guardian _____ Date _____

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