

Child's Last Name: _____

First: _____

Grade: _____

2014-2015 Catholic Faith Formation

Faith & Life

Catechesis of the Good Shepherd

The Edge

This form is to be completed for each child in a family.

Emergency Medical forms are needed for each child for their classroom teachers.

Child's Birth Date _____
 Lives with: _____
 Father's Name: _____
 Address: _____

 City: _____ St: _____ Zip: _____
 Phone Number: _____
 Cell Number: _____
 Work Number: _____
 Email Address: _____

Mother's Name: _____
 Maiden Name: _____
 Address: (if different) _____

 City: _____ St: _____ Zip: _____
 Phone Number: _____
 Cell Number: _____
 Work Number: _____
 Email Address: _____

Circle which Parish you belong to:

Holy Family - St. Peter - Triumph of the Cross - St. Agnes - Blessed Sacrament/Our Lady of Lourdes

Circle which Program child will attend: ***Faith & Life---Catechesis of the Good Shepherd--- The Edge***

School attending: _____ Grade: _____ Level _____

Has your child received: (please fill out to the best of your ability)

| FIRST TIME REGISTRATION ONLY | Date | Church | Address, City, State & Zip |
|------------------------------|------|--------|----------------------------|
| Baptism | | | |
| 1 st Confession | | | |
| 1 st Communion | | | |
| Confirmation | | | |

Fee: The cost is: \$45.00 for the first child, \$45.00 for the second child, and \$10 for each additional child. Please make checks payable to: CFF (Catholic Faith Formation). Questions or concerns, please talk to the DRE. Parents of the Edge participants will have certain fees added and asked to participate in fundraising.

Amount paid: _____ Date paid: _____ Check # or Cash _____

Signature of parent/legal guardian: _____

**Catholic Faith Formation
Program for 2014/15
EMERGENCY INFORMATION & MEDICAL AUTHORIZATION FORM**

Child's Name: _____ *Only one child per form.*

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the Catholic Faith Formation program for the City of Steubenville supervision, and when parents or guardians cannot be reached.

PART I or PART II MUST BE COMPLETED

PART I: (To grant consent) In the event that reasonable attempts to contact me (the signer) at this phone number _____ or other parent or guardian at this phone number _____ have been unsuccessful, I hereby give consent for:

1. The administration of any treatment deemed necessary by:
 - a. Preferred physician:
 - b. Preferred dentist:
 - c. Or in the event the designated preferred practitioner is not available, by another licensed physician or dentist.
2. The transfer of the child to the preferred hospital:
or any hospital reasonably accessible for the condition of emergency.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of the surgery. The following are facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted: _____

Date: _____ Signature of Parent or Guardian: _____

If you complete PART I, it has been suggested that we have available a copy of your hospitalization card. This might expedite matters in the case of an emergency. All records will be kept confidential.

PART II: (Refusal of consent) I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the supervisors to take no action or to:

Date: _____ Signature of Parent or Guardian: _____

DIOCESE OF STEUBENVILLE MANDATORY CHILD PROTECTION POLICY REGISTRATION AND PERMISSION FORM FOR PARISH RELIGIOUS EDUCATION

CATHOLIC FAITH FORMATION FORM

FORM INSTRUCTIONS: This form is to be PREPARED by the catechist and filled out and SIGNED by the parent or guardian for every student who participates in a religious education program sponsored by any parish of the Diocese of Steubenville. The form is to be completed at least ONCE but can be THREE TIMES A YEAR. The form is to be kept on file in the parish office for ONE YEAR AFTER the student has completed the parish religious education program.

NAME OF PARISHS: Holy Family, Saint Peter, Triumph of the Cross, St. Agnes, Blessed Sacrament, Our Lady of Lourdes

PROGRAM INFORMATION – Director of Religious Education:

Faith & Life, Catechesis of the Good Shepherd or The Edge

Catechetical Leader: Barbara Van Beveren

Phone Number: 740-264-6177

Location: Holy Family Church, St. Peter, Triumph of the Cross & Blessed Sacrament, Our Lady of Lourdes Properties

Begins: September 2014

Ends: June 2015

Topics: Faith & Life program; Catechesis of the Good Shepherd program; Edge Materials
Sacramental Preparation; Youth Days; Retreats; VBS

NAME OF STUDENT: _____

GRADE: _____

Program of Religious Education: *Faith & Life* _____ *Catechesis of the Good Shepherd* _____ *The Edge* _____

Please check all boxes that apply:

Semesters I want my child to participate: _____ FALL (if you do not fill out both fall & winter, you will have to resubmit this form in the next semester)
_____ WINTER
_____ SUMMER

I give my child (child under my care) MY PERMISSION to attend Catholic Faith Formation Program for the period listed above. I understand that I can contact the catechist, the catechetical leader, or the priest coordinator if I have any concerns about religious education.

NAME OF PARENT/GUARDIAN: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

*****Posting Pictures on our Website, Diocesan Paper and Bulletin Board*****

I give permission for my child’s picture to be posted on the Catholic Faith Formation website and/or the diocesan newspaper, “The Register.” I understand that the pictures will not have my child’s name listed. I also give my permission to post pictures of my child on the All Saints Catechetical Center’s bulletin board.

Parent/Guardian Signature _____ Date _____