



Children's Faith Formation Registration 2023-2024 PreK - 12th Grade

Please fill out one packet per child completing numbers 1-5 on the form.

1. Student Information			
First Name:		Middle Name:	Last Name:
Gender: <input type="checkbox"/> male <input type="checkbox"/> female	Date of Birth:	Nickname:	Grade as of Fall 2023:
Grade of last Faith Formation class attended:		School Attending:	Are you a registered parishioner? <input type="checkbox"/> yes <input type="checkbox"/> no <i>(must be a parishioner to enroll)</i>
List any allergies, medical conditions, educational or behavioral needs:			
2. Sacrament Information			
Baptism: <input type="checkbox"/> Yes <input type="checkbox"/> No	First Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No	My child is in need of sacraments (list which ones):
<p><i>A copy of your child's Baptismal Certificate must be included when registering for First Holy Communion classes.</i></p> <input type="checkbox"/> Yes, my child is in second grade: I am including their Baptismal Certificate or will turn in by November 19, 2023. <input type="checkbox"/> Yes, my child was baptized at Holy Spirit Parish, but I need a copy of the baptismal certificate. <input type="checkbox"/> My child is not in second grade. <input type="checkbox"/> My child needs First Communion or Confirmation but is not in second grade. I am including their Baptismal Certificate or will turn in by November 19, 2023.			
3. Family Information			
Father/Guardian's Name		Father/Guardian's Cell:	
Mother/Guardian's Name		Mother/Guardian's Cell:	
Family E-mail (one that you check regularly):		Other E-mail:	
Home Address:		City:	Zip:
Who does child live with?	<input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	Primary Parent Contact (mom, dad, grandparent):	
Primary Contact Phone:	Emergency Contact (other than parent/guardians):	Emergency Contact Relationship to Child:	Emergency Contact Phone #:
Please list anyone authorized to pick up child from Faith Formation classes (must be at least 12 years old):			
Please list any additional information you would like us to know:			

4. Liability Waiver (Signature Required)

I _____, as the parent or guardian for
(Parent's Name)

_____, a minor child who is in my
(Child's Name)

care and custody, release and discharge the Archdiocese of Mobile, Holy Spirit Parish (its pastors, employees, volunteers and agents, etc.) or any representatives associated with any ongoing scheduled activities from all damages, claims, suits, expenses, and payments for injury to my child and/or property, including all damages, claims, suits, expenses and payments resulting from negligence of the Archdiocese of Mobile, Holy Spirit Parish, and/or their officers, directors and employees. This liability waiver is effective from August 2023 to August 2024.

Parent/Guardian Signature:

Date:

5. Photograph and Video Consent (Signature Required for Consent)

As the legal guardian or custodial parent of: _____,

I grant Holy Spirit Parish to use my child's photo or video on the Holy Spirit Parish website, bulletin, or official parish social media pages for the purposes of illustrating typical activities of the parish, its youth ministry and/or faith formation program.

Parent/Guardian Signature:

Date:

6. Parent Pledge (Signature Required)

In accordance with the Archbishop of the Archdiocese of Mobile, I have chosen to enroll the above mentioned child to participate in Faith Formation at Holy Spirit Parish. I understand that I, as a parent or legal guardian of the child listed above, am required to read the 2023-2024 Policies provided by the Faith Formation program. I understand to agree and abide by the guidelines, rules and regulations set forth in this document, including:

- Attendance Policy
- Arrival and Dismissal
- Pick Up Authorization
- Student Behavior and Expectations
- Class Cancellations
- Wellness Policy
- Communication
- Family Commitment

I understand that failure to comply with the family policies could bring about disciplinary actions including, in extreme cases, dismissal of my child from the Faith Formation program. I understand that I am responsible for sharing the rules, regulations and other important information in this document with my child.

Parent/Guardian Signature:

Date:

www.holyspiritmgm.org

CONTACT INFORMATION:

334-277-1989

Office of Faith Formation

dre@holyspiritmgm.org

Office Use:
Date Received _____

MEDICAL INFORMATION FORM

This Medical Information Form should be completed annually.
It is the responsibility of the parent/guardian to inform the school or parish of any changes in the child's medical condition during the year.

Participant: _____ **Date of Birth:** _____
Parent/Guardian: _____ **Phone:** _____
Address: _____

In the event of an emergency, if you are unable to reach me at the above number, contact:

Emergency contact name (please print): _____
Relationship to participant: _____
Cell Phone: _____ Other Phone: _____
Family doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____
Signature: _____ Date: _____

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

If yes, what is it? _____

Does child have any physical or other limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed-wetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, flu, etc.? _____ If yes, list date and disease or condition: _____

Additional special medical conditions of my child: _____

I hereby warrant that, to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Parent/Guardian Signature _____ Date _____

**MEDICAL INFORMATION FORM
(Continued)**

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:

I hereby grant permission for the listed medications to be taken by my child on the trip, if necessary.

Parent/Guardian Signature _____

Other Medical Treatment:

1. I want to be called in the event it comes to the attention of the parish/school/institution, its officers, directors and agents, and the Archdiocese of Mobile, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea.

Parent/Guardian Signature _____

2. Please read carefully and choose one to sign

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

Parent/Guardian Signature _____

OR

B. 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.

Parent/Guardian Signature _____

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. I wish to be advised prior to any further treatment by the hospital or doctor.

Parent/Guardian Signature _____

The school/parish will take reasonable care to see that this information will be held in confidence. At the end of the trip, the duplicate medical form copies must be shredded or returned to the school or parish office by the authorized agent.