



Children's Faith Formation Registration 2024-2025

Sunday mornings 9:30am-10:30am K3 - 12th Grade

****One registration form per family****

Family Information			
Father/Guardian's Name: Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No		Father/Guardian's Cell:	
Mother/Guardian's Name: Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No		Mother/Guardian's Cell:	
Family E-mail:		Are you a registered parishioner? <input type="checkbox"/> yes <input type="checkbox"/> no	
Home Address:		City:	Zip:
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:			

Child Information			
First Name:		Middle Name:	Last Name:
Gender: <input type="checkbox"/> male <input type="checkbox"/> female	Date of Birth:	Preferred Name:	Grade as of Fall 2024:
School Attending & Grade:		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 a sacrament: <input type="checkbox"/> Yes <input type="checkbox"/> No Sacrament:
Register for: Faith Formation <input type="checkbox"/> Youth Group (6 th – 12 th grades ONLY) <input type="checkbox"/> Both FF & YG <input type="checkbox"/>		List any allergies, medical conditions, educational or behavioral needs:	

A copy of the Baptismal Certificate must be included when registering for a sacramental prep class

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Liability Waiver (Signature Required)

I _____, as the parent or guardian for
Parent Name _____

Child Name(s) _____

a minor who is in my 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 2024 to July 2025.

Parent/Guardian Signature: _____

Date: _____

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: _____

Parent Pledge (Signature Required)

In accordance with the Archbishop of the Archdiocese of Mobile, I have chosen to enroll the above-mentioned child(ren) to participate in Faith Formation at Holy Spirit Parish. I understand that I, as a parent or legal guardian of the child(ren) listed above, I am required to read the 2024-2025 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/Covid 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: Office of Faith Formation

334-277-1989

Marie Thompson

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.