

FAMILIES GIFT - GROWING IN FAITH TOGETHER

**ST. JOHN THE EVANGELIST CHURCH
FAMILY REGISTRATION FORM, 2017-2018**

FAMILY NAME: _____

STREET ADDRESS: _____

TOWN and ZIP: _____

HOME PHONE: _____

FATHER'S NAME: _____ Religion: _____

E-MAIL ADDRESS: _____ Cell Phone: _____

MOTHER'S NAME (**maiden**): _____ Religion: _____

E-MAIL ADDRESS: _____ Cell Phone: _____

OTHER ADULT'S NAME: _____

If applicable circle one: stepfather stepmother other

IN CASE OF EMERGENCY, CONTACT: _____ Phone: _____

(If parent cannot be reached for an emergency/class cancellation)

CHILD'S FULL NAME List children participating in Families Growing in Faith Together	M/F	DOB	Grade in Sept.	F GIFT on SUNDAY 12:30-2:00	F GIFT on MONDAY 6:30-8:00
				CHECK ONE YOUR	TO INDICATE PREFERENCE

REGISTERED MEMBER OF ST. JOHN'S PARISH? ___ yes ___no

(Non- parishioners will be accepted based on space availability only)

IF NO, Is your family registered in another parish? ___ yes ___ no

NAME OF PARISH OF REGISTRATION: _____

Do you have a child interested in preparing for Sacraments this year? ___yes ___no

*****See attached sheet for Fees*****

OFFICE USE ONLY: Date Received: _____ Amount Paid: _____

*****ADDITIONAL INFORMATION FOR NEW STUDENTS ONLY:
(Including Kindergarten, First Time, New to the Parish, Transfers)*****

1. Record of Baptism

CHILD'S NAME (First, middle, Last)	EXACT DATE OF BAPTISM mm/dd/yy	CHURCH OF BAPTISM	CITY/TOWN & STATE (Church of Baptism)

If you do not have the date of Baptism in your records, please provide us with the name, city/town, of the Church of Baptism. Our office staff will contact Church to obtain date of baptism.

2. Previous Faith Formation (Religious Education) Experience:

CHILD'S NAME	Last Grade Level of Religious Education Completed and Year	SACRAMENTS CELEBRATED	Name of Church and City/Town where Sacraments Celebrated &/or Rel. Education Received

Use the space below for any other information/requests we should know about

Families GIFT (PreK - 7th Grade) Registration Fee Worksheet

Scholarships and financial assistance are available by contacting Julie Bailey / Fr. John Loncle at the parish office.
Please make checks payable to 'St. John the Evangelist' and submit them with your registration forms.

#	Child's Name	Grade (PreK-7 th)	Fee
Family with ONE Child	_____	_____	\$100.00
(2nd Child)	_____	_____	+ 10.00
(3rd Child)	_____	_____	+ 10.00
(additional child)	_____	_____	+ .00
(additional child)	_____	_____	+ .00
LATE REGISTRATION FEE (If registered after May 31st)			+ 50.00
Subtotal Due = \$			_____

Application for Good Stewardship* Discount

***Stewardship Explanation:** Registered parishioners who have demonstrated a regular pattern of good stewardship (contribution of **ALL THREE** areas below) during the past year are offered a discount. Stewardship is based on the spiritual principles of the Old Testament and the teachings of Jesus. As Catholics, realizing all that we have is a gift from God, we are encouraged to reflect on our blessings, increase the gifts God has given us and share with others. By giving of ourselves and helping those around us, we are practicing Christian stewardship. **Please indicate your gifts to our parish in ALL THREE of these areas:**

I. TIME: (E.g. Participating in Mass, Celebrate Sacrament of Reconciliation, Talking to God in prayer, Attend Parent GIFT sessions, Bible &/or Book Study, etc.)

II. TALENT: (E.g. Volunteer as Catechist, Altar Server, Liturgical Minister [Extraordinary Minister of Holy Communion, Usher, Lector], Volunteer at Fundraising [Garage Sale, Turkey Raffle, Silent Auction], Serve on a Parish Committee, etc. See Parish Ministry Directory for list of opportunities - available on parish website.)

III. TREASURE: Frequency of Giving: Weekly_____, Monthly_____, Infrequently_____, Other_____

Means of Giving: Collection Envelope _____, Visitor Envelope _____, Electronic Giving _____, Cash _____, Other Means _____

I certify I have completed all 3 sections (I-III) and understand that if incomplete, my form and payment will be returned to me. ALL forms received after May 31st will accrue a \$50 late fee.

Signature _____ Date _____

Good Stewardship Discount (- \$30.00)**TOTAL DUE = \$ _____**

St. John the Evangelist Church
ROMAN CATHOLIC DIOCESE OF ROCHESTER
HEALTH FORM
FAITH FORMATION PROGRAMS 2017 - 2018

Family Name _____ Phone _____

Parents' Names _____

Address _____

Town/City _____ Zip _____

Parish/Location _____

Emergency Contact _____ Phone _____

Name of Child 1: _____ **Date of Birth:** _____

Health Insurance Company _____ Policy No. _____

Physician/Clinic _____ Phone _____

Please list any allergies, special needs, educational modifications (504 plan, IEP, etc), or anything else that would help in providing your child with a successful faith formation program. _____

Name of Child 2: _____ **Date of Birth:** _____

Health Insurance Company _____ Policy No. _____

Physician/Clinic _____ Phone _____

Please list any allergies, special needs, educational modifications (504 plan, IEP, etc), or anything else that would help in providing a successful program. _____

Name of Child 3: _____ **Date of Birth:** _____

Health Insurance Company _____ Policy No. _____

Physician/Clinic _____ Phone _____

Please list any allergies, special needs, educational modifications (504 plan, IEP, etc), or anything else that would help in providing a successful program. _____



In signing this health form, I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical and other emergency purposes only and for the release of medical records to an attending physician in case of illness.

In case of medical emergency, I understand that every effort will be made to contact the parents or guardian. In the event that I cannot be reached, I hereby give permission to the physician selected to secure proper treatment for my child named herein.

Signature of parent/guardian _____

CODE OF CONDUCT FOR MINOR CHILDREN INVOLVED IN PARISH PROGRAMS

The purchase, possession or consumption/use of alcoholic beverages or other illegal drugs will not be tolerated. Failure to comply will result in **immediate dismissal** from the event. This policy also applies to adult volunteers and chaperones. Minors will not be allowed to smoke cigarettes or to use tobacco products, including chewing tobacco and e-cigarettes. Participants are expected to obey the directions of adults in charge (catechists, youth group leaders, chaperones). Participants are representing their parish community. Appropriate behavior and language are expected. No dangerous or rough play will be tolerated. Final decisions regarding acceptable behavior/consequences are the decision of the staff person in charge.

In general, if the behavior of a minor child results in his/her dismissal from the program, it is the responsibility of the parents/legal guardians to provide, at their own expense, transportation for the dismissed child. If a child is dismissed from an offsite event and an adult chaperone must accompany the child home, the parents/legal guardian are responsible for any related expenses.



In signing this Code of Conduct form, I hereby certify that I have read, understand, and will comply with the Code and, furthermore, I have reviewed the Code of Conduct with my child(ren).

Signature of parent/guardian _____ Date _____

DISMISSAL RELEASE FORM

I, _____ will pick up my son/daughter _____ from faith formation class. In the event I cannot pick up my child(ren) from faith formation class, I authorize the catechist/group leader to release my child (ren) to the following adults (Please remember to include the other parent/step-parent if appropriate):

Names _____	Phone _____
_____	Phone _____
_____	Phone _____

I understand that whoever picks up my child(ren) must go to the learning space to collect him/her/them.

Signature of parent/guardian _____

PHOTO RELEASE

Since the student is under age 18, consent must be given by parent or guardian, as follows:

I hereby consent to and authorize the use and reproduction by the parish, or anyone authorized by the parish, of any and all photography, still or in motion, and/or all audio recordings in which this student appears.

I acknowledge that we will not be paid compensation for any reproduction of these materials.

I consent _____ I do not consent _____

Signature of parent/guardian _____ Date _____

