Holy Spirit Parish Faith Formation Registration

Select Program:

Summer School 2021-2022 TBD

_____ Academic Year 2021-2022 Monday Classes 6:30 to 7:45 p.m.

_____ Academic Year 2021-2022 Tuesday Classes 5:00 to 6:15 p.m.

Registration and payment due by September 17, 2021
Tuition is $50 for one child, $90 for two children, $120 for three or more children.
Credit cards accepted at the parish office during business hours.
Scholarship assistance is available if needed.

Grade in which student will be enrolled in the 2021-2022 academic year: _____

Student's FULL name (as it appears on the Baptismal Certificate): _____

Student's Birth Date: _____ Male _____ Female_____

Residential Address: _____

City/State/Zip: _____

Student resides with ___ Birth parents ___Birth mother ___Birth father ___ Adopted parents ___ Other

Parish where student is a registered member: _____

Please indicate any circumstances that might impact participation, i.e. chronic illness, multiple residences:

_____

Primary Contact: _____ Relationship to student: _____

Primary contact email: _____ Primary contact phone: _____

Secondary Contact: _____ Relationship to student: _____

Secondary contact email: _____ Secondary contact phone: _____

Mother's legal name: _____ Mother's religion: _____

Father's legal name: _____ Father's religion: _____

School where student will be enrolled 2021-2022: _____

Does the student have any special needs of which we should be aware? Are there IEP directives or other accommodations that will help us during instruction? _____

_____

Photo Release

I understand that photos may be taken of my student during faith formation classes and events. I hereby give Holy Spirit Parish permission to publish photographs taken of my student, for use in Holy Spirit Parish publications and on the Holy Spirit website. I release Holy Spirit Parish from any expectation of confidentiality for my student and attest that I am the parent or legal guardian of the student I am registering and that I have the authority to authorize Holy Spirit to use their photographs and names.

_____ Permission granted. ____ Permission denied.

Emergency Medical Authorization/Refusal

Purpose: To enable parent(s)/guardian(s) to authorize emergency treatment for a student who becomes ill/injured while under parish school of religion authority. This is an important precautionary measure in case the parent(s)/guardian(s) cannot be reached, but, it is hoped, it will never need to be used.

Complete PART I to grant consent. Complete PART II to refuse consent.

PART I: In the event reasonable attempts to contact me or my alternate have been unsuccessful, I hereby give my consent

1. for the administration of any treatment deemed necessary by my preferred doctor/dentist or by another licensed physician/ dentist if my designated preferred practitioner is not available
2. for the transfer of the student to my preferred hospital or any reasonably accessible hospital.

First contact name: _____ Phone Number: _____

Alternate contact name: _____ Phone number: _____

Preferred doctor's name: _____ Phone Number: _____

Preferred dentist's name: _____ Phone number: _____

Preferred hospital: _____

First contact name: _____ Phone Number: _____

Alternate contact name: _____ Phone number: _____

This authorization does not cover any major surgery unless the medical opinions of two other licensed physicians or dentists concur in the necessity for such surgery, and concurrence is obtained before the surgery is performed.

List all facts concerning the student's medial history, including allergies, medications being taken and any physical impairments to which a physician should be alerted: _____

_____

I authorize consent: Signature: _____ Date: _____

PART II: I DO NOT give consent for the emergency medical treatment of my student. In the event of illness or emergency treatment being required, I wish the authorities to take no action or _____

_____

I refuse medical authorization: Signature: _____ Date: _____