



St. Gabriel Catholic Church

2021-22 CHILDREN/YOUTH FORMATION REGISTRATION

Please print clearly and complete one form,
including medical information, for each child.



Child's Name: _____ Nickname: _____

Parent/Guardian Name _____ Date _____

Home Address: _____

Mom/Guardian Cell #: _____ Dad/Guardian Cell #: _____

Would you like to receive text message reminders for class? Yes ___ No ___ Standard message fees apply.

Email: _____

Child's school: _____ Grade in 21-22 _____

Child's Date of Birth: _____ Is this child's first time in faith formation? _____

Has child been Baptized? Yes ___ No ___

In a few words, tell us something you'd like the catechist to know about your child. (i.e., Introvert/Extrovert, sensitive, sense of humor etc.) _____

Fee Schedule:

- I would like bi-lingual curriculum if available (no additional cost)
- Pre-Kindergarten and Kindergarten (at least age 4): \$45
- 1st – 12th Grade Formation: \$85
- I have four (4) or more children/youth in formation. Total charge, excluding sacraments: \$340

NOTE: If you have a financial need, please contact the parish office at 639-6712.

For sacramental preparation for First Reconciliation, First Eucharist, or Confirmation; see the attached form.

Where are you registered? St. Gabriel Good Samaritan Neither

If you are not registered with either parish, please complete a "Newcomers Form" and return with this form.

These forms are available at the Welcome Table in the Commons or online saintgabriel.org/newcomers

PARENT/GUARDIAN CONSENT

I give permission for any photographs taken of my child during this year at my child's faith formation and sacramental preparation to be used for future publication.

I approve _____ I do not approve _____

PARENT/GUARDIAN CONSENT TO CONTACT YOUTH (ages 11-18 only)

As the parent/guardian of the above listed youth, by filling in the information below, I give permission for the parish staff and grade level catechists to contact my youth via cell phone with updates and information related to formation, Confirmation class, youth service opportunities, and/or social events. I will also receive any text messages sent to my youth. Youth cell phone number: _____

Emergency Medical Treatment Release

Child's Name _____ Date _____

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

Name & relationship: _____

Phone: _____ Child's doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Arch/Diocese of Richmond, chaperons, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I will be called and will pick up my child when notified.

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary and such medications will be in the original container. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

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.

Signature: _____ Date: _____

-OR-

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges/cough drops) to be given to my child, if deemed appropriate. I will be informed before any medication is administered.

Signature: _____ Date: _____

Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence.

Allergies (medications, foods, plants, insects, etc.) _____

Allergic reactions (rash, swelling, anaphylaxis): _____

Does child have a medically prescribed diet? _____

Does child have any physical limitations? _____

You should be aware of these special medical conditions, behavioral issues and/or disabilities of my child:

2020-2021 Sacramental Preparation Registration

Special Notes for Sacramental Preparation

Preparation for reception of sacraments is done ***in addition*** to grade level faith formation. Students are ***required*** to be ***enrolled in*** and ***attending both*** sacramental preparation and faith formation programs.

Sacramental preparation requires serious commitment on the part of both the parent and child. ***There are no make-up dates*** for these classes, so it is extremely important that children and youth are ***present, prepared and on time*** for each class. Please keep this in mind when signing up for activities which may conflict with the schedule. Carefully review the schedule for the sacrament(s) your child will be receiving.

Please submit your child's Baptismal Certificate, with any notations, obtained by the church of record (baptismal church) by **November 1st, 2021**.

Child's Name: _____

My child has received the following sacraments:

- Baptism - Was it a Catholic baptism? Yes _____ No _____
- Reconciliation
- Eucharist

Church where sacraments were received, Name, City, State: _____

Fee Schedule:

- I would like bi-lingual curriculum if available (no additional cost)
- First Reconciliation & First Communion \$70, (at least age 7 by October 1, 2021)
- First Reconciliation \$35, (at least age 7 by October 1, 2021)
- First Communion \$35, (at least age 7 by October 1, 2021)
- Confirmation \$40* (at least age 15 and 10th/11th/12th graders)

***Additional weekend Confirmation retreat fee of \$200 is due no later than October 12, 2021**