



CHILDREN'S MINISTRY 2010 - 2011 Faith Formation for PS - 5TH Grade

Reg. ID

DATE _____

Fee: \$85 per Family

Registered member of St Elizabeth Ann Seton
 Other _____

PARENT ONE _____ Religion _____ Cell # _____

Head of Household Last First

Mailing Address City Zip Home Phone

Relationship to child Email _____

PARENT TWO _____ Religion _____ Cell # _____

Head of Household Last First

Mailing Address (if different from Parent One) City Zip Home Phone

Relationship to child Email _____

MINISTRY OPPORTUNITIES

Our programs for the children of the parish are staffed by Adult Volunteers who generously share their time and talent. Please look at the opportunities listed below and check where you wish to help out. All volunteers who work in St. Elizabeth Ann Seton Children's Ministry must meet the requirements of the Diocesan Safe Environment Program. Children of weekly volunteers during session times receive priority placement.

Volunteer 1: _____	Volunteer 2: _____
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Weekly Volunteers - During Session Times

____ Catechist PS-5th - Grade ___ Day ___ Time ___
 ____ Special Friends
 ____ Nursery Aide - Day ___ Time ___
 ____ Office Aide - Day ___ Time ___
 ____ Resource Aide - Day ___ Time ___

Support Volunteers

____ Session Aide (Substitute)
 ____ CM Resource (weekdays)
 ____ CM Workshop/Receptions

CHILD'S EMERGENCY CONTACT OTHER THAN PARENT

Name _____ Relationship _____

Home Phone _____ Work _____ Cell _____

AUTHORIZATION for EMERGENCY MEDICAL ATTENTION FOR CHILD(REN)

I, who by law may do so, authorize the administration of emergency medical treatment for the subject of this release form. I understand that all reasonable safety precautions will be taken at all times by Saint Elizabeth Ann Seton Church or its agents liable for any accident, injury or disease incurred by the subject of this form. I understand that, in the event medical intervention is needed, every attempt will be made to contact the parent or the person listed on this form immediately.

Print Parent Name _____ Parent Signature _____

Insurance Company _____ Policy Number _____

For office use only:	Date Reg. Rec'd	Ck#	Amt.	Cash Amt.	Date Pmt. Rec'd	Total Rec'd

REGISTRATION CONTINUES ON THE OTHER SIDE →

CHILDREN'S REGISTRATION AND MEDICAL INFORMATION

Session Day/Time Choices

Session Time Options PS – 5 th grade	Sun. 8:30-9:30	Sun. 10:15-11:15	Sun. 12:00-1:00	Wed. 4:30-5:30	Wed. 6:00-7:00
Home Study Option: Available for 3rd, 4th, and 5th grade. Required meeting 9/19/10 12noon-1:00pm. Family must attend 3 additional meetings and workshops through the year in addition to other faith enriching Parish activities and turn in completed forms at the end of the year.					

Last Name _____ First Name _____ Middle Name _____ Date of Birth _____ Sex: M/F
 Is child's last name different from head of household? No Yes

Check correct box: **Baptized Catholic** **Not Baptized** **Baptized Other Faith tradition** _____

Check if received: **Reconciliation (Confession)** **Eucharist (1st Communion)** **Confirmation**

Previous Faith Formation: None Catholic School Parish Program Last Grade & Date attending Faith Formation _____

Grade on 9/1/2010 _____

Day/Time: 1st Choice _____ 2nd Choice _____ 3rd choice _____ **Home Study** _____

Asthma _____ Allergies/Drug Allergies _____ Routine Medications _____
 Does this child have any medical conditions, physical disabilities or learning differences? Please indicate. _____

Last Name _____ First Name _____ Middle Name _____ Date of Birth _____ Sex: M/F
 Is child's last name different from head of household? No Yes

Check correct box: **Baptized Catholic** **Baptized Other Faith tradition** _____ **Not Baptized**

Check if received: **Reconciliation (Confession)** **Eucharist (1st Communion)** **Confirmation**

Previous Faith Formation: None Catholic School Parish Program Last Grade & Date attending Faith Formation _____

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Day/Time: 1st Choice _____ 2nd Choice _____ 3rd choice _____ **Home Study** _____

Asthma _____ Allergies/Drug Allergies _____ Routine Medications _____
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Last Name _____ First Name _____ Middle Name _____ Date of Birth _____ Sex: M/F
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