

Children + Youth + Adult



Family Last Name

Father's Email

Mother's Email

| | | | |
|---------------|--------|---------------|--------|
| Father's Name | Cell # | Mother's Name | Cell # |
|---------------|--------|---------------|--------|

Student Information:

| First and Last Name | Birthday | Gender | Grade (Fall 2023) | Sacraments Received (Circle) |
|---------------------|----------|--------|-------------------|----------------------------------|
| _____ | _____ | M F | _____ | Baptism Eucharist Reconciliation |
| _____ | _____ | M F | _____ | Baptism Eucharist Reconciliation |
| _____ | _____ | M F | _____ | Baptism Eucharist Reconciliation |
| _____ | _____ | M F | _____ | Baptism Eucharist Reconciliation |
| _____ | _____ | M F | _____ | Baptism Eucharist Reconciliation |

Please indicate if any child has serious allergies or illnesses we should be aware of for their safety:

Please check all that apply:

- Kindergarten at home packet
- 1-6 grade Faith Formation Class—**Wednesday from 6:00pm-7:00pm.**
- 7th-10th grade Faith Formation Class— **Wednesday from 7:15pm-8:15pm.**
- 11—12 grades Gatherings according to schedule

Faith Formation Classes Fee is \$60 per student in grades 1-10

No student will be denied a Catholic education because of their inability to pay. Please contact Karen Reindl if you would like to set up a payment plan or are unable to pay due to financial hardship. Contacting me will result in not being contacted through out the year for payment. My email is mrsreindl@straphaelpk-6.com

Faith Formation is always in need of volunteers to make the program run smoothly. Please indicate below your choice of assisting the program:

- I am willing to volunteer where ever I am needed
- Volunteer to assist in a classroom as a teacher _____ in the Elementary or _____ with the Teens
- Volunteer to assist in a classroom as an assistant _____ in the Elementary or _____ with the Teens
- Volunteer to work at a fund raiser
- Volunteer to attend a Diocesan event with teens

(OVER)

St. Raphael's Faith Formation Office
20 W Van Dusen, Springfield, MN 56087
Release for the 2023-2024 Faith Formation School year

Parent Agreement

I understand that it is my duty as a Catholic Christian and/or Parent to ensure my child/ren attend Faith Formation classes every week and will strive to make classes a priority in our family schedule. I will contact my child's teacher and the Faith Formation Coordinator via email or text to let them know if my child/ren are sick or unable to attend a certain week.

Parent/Guardian Signature _____ Date _____

Parent/Legal Guardian Permission Form

My child or children have permission to be involved in the Faith Formation programs at St. Raphael School and/or Parish, under the direction of its leadership including any volunteer, service projects or events scheduled.

If a medical emergency occurs, I hereby give permission to transport my child or children to a hospital for emergency medical or surgical treatment. I will be notified as soon as possible to any emergency concerning my child(ren).

Parent/Guardian Signature _____ Date _____

Family Medical Information:

Family Doctor: _____ Phone Number: _____

In the event of an emergency and you, the parent/guardian, can not be reached please list who you prefer us to contact.

Emergency Contact: _____ Phone Number: _____

Relationship: _____

Photo/Video Release

TO WHOM IT MAY CONCERN:

I hereby give permission for my child(ren), stated below, to be photographed or videotaped at St. Raphael's Faith Formation. I realize that the photo may be published in the newspaper, a magazine, or other publication as well as posted on the Faith Formation Facebook page. The video may be used for educational or informational purposes regarding the programs or curriculum at St. Raphael Faith Formation.

Name _____ Grade ____ Name: _____ Grade ____

Name _____ Grade ____ Name _____ Grade ____

Name _____ Grade ____ Name _____ Grade ____

Parent Signature: _____ Date _____

COVID-19 Waiver:

If my child contracts COVID-19, coronavirus, at Faith Formation class I do not hold the Diocese of New Ulm, St. Raphael Catholic Church or their respective staff members responsible.

Parent/Guardian Signature _____ Date _____