

Family Last Name _____
Faith Formation Registration Form

<i>Father's Full Name</i>	<i>Religion</i>
<i>Mother's Full Name</i>	<i>Religion</i>
<i>Mother's Maiden Name</i>	
<i>Address (of custodial parent)</i>	<i>City</i>
<i>State/Zip</i>	<i>E-mail</i>
<i>Home Phone</i>	<i>Other Phone</i>
<i>Non-custodial Parent (if applicable)</i>	<i>Religion</i>
<i>Address</i>	<i>City</i>
<i>State/Zip</i>	<i>E-mail</i>
<i>Home Phone</i>	<i>Other Phone</i>
EMERGENCY CONTACT	Relationship
Home Phone	Other Phone

<i>Children/Youth to Register First, Middle, Last Name Please</i>	<i>Birth Date</i>	<i>Age</i>	<i>Grade</i>	<i>Baptism</i>	<i>Reconciliation</i>	<i>Communion</i>	<i>Confirmation</i>
1.				<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>
2.				<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>
3.				<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>
4.				<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>

Do any of the children enrolled have chronic illnesses or physical limitations? Yes No
 Do any of the children have any type of learning difficulty? Yes No
 Do any of the children attend special education classes in the public school? Yes No
 If yes to any of these questions, please give the name of the child, any information we made need, and how we can help:

If you are new to our program, please indicate level of prior Faith Formation training and any other information you feel would help us in working with your child/children:

Registration fee

Grades K-2 \$25 per child

Grades 3-11 \$30 up to 2 children \$ 20 for each child thereafter

Home study \$25.00

Financial assistance is available upon request. Please contact the RE Office at 693-7801 for further information. We want every child in our parish to have the opportunity to attend our Religious Education program, if tuition cost is an issue talk to Mike McNeil

For Internal Use Only:

Amount _____ Date Paid _____
 Cash/Check # _____ Sacramental Fee _____

PARENT/LEGAL GUARDIAN PERMISSION FORM

My child or children have permission to be involved in the Faith Formation programs at St. Gertrude's Parish, under the direction of its leadership.

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.

I also remain legally responsible for any personal actions taken by my child and will be liable for any damage caused by them.

Parent/ Guardian Signature

Date

Address

City

State

Home Phone

Work Phone

Cell Phone

The Diocese of New Ulm will present a sexual abuse prevention program again this year. This program is provided by the Diocese and is a part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse. IT IS NOT SEX EDUCATION.

Two lessons are being offered to all students in the Diocese. If you determine that you DO NOT want your child to participate, please complete the "Opt-Out" form at the bottom of this page.

You also acknowledge that the Diocese is not accountable if your child is not instructed on the concepts contained in the lessons. For more information on the *Touching Safety* program, visit the VIRTUS Online™ website at www.virtus.org.

Opt-Out form for use with the *Touching Safety* program:

The Diocese of New Ulm does not have my permission to present the *Touching Safety* program to my child,

whose name is _____, is in _____ grade, and attends St. Gertrude's parish in Forest City, Minnesota.

Parent's name (printed): _____

Parent's Signature _____ Date _____