



2019 - 2020 Faith Formation Registration

Family Information

Family Name: _____

Family Address: _____

City/State/Zip: _____

Mother's Name: _____

Mother's Address (if different from above) _____

City/State/Zip: _____

Mother's Cell Phone: (_____) _____

Mother's Email: _____

Mother's Religion: _____

Father's Name: _____

Father's Address (if different from above) _____

City/State/Zip: _____

Father's Cell Phone: (_____) _____

Father's Email: _____

Father's Religion: _____

I have read and consent to the **Parental Consent for Youth to Participate in Activity Release** (see last page).

Signature: _____ Date: _____

Parent Volunteer Opportunities

_____ Children's RE

_____ Catechist – Grade Preference _____

_____ Asst Catechist – Grade Preference _____

_____ Substitute – Grade Preference _____

_____ Edge (Middle School)

_____ Core Team (weekly commitment)

_____ Martha Ministry (hospitality ministry)

_____ Guardian Angel (prayer ministry)

_____ Team Louis Liz (service ministry)

_____ LifeTeen (High School)

_____ Core Team

_____ Hospitality

_____ Prayer Partner

_____ Special Events

Emergency Contact Information

Emergency Contact Name: _____

Emergency Contact Relationship: _____

Emergency Contact Phone Number: (_____) _____

Insurance Carrier: _____

Insurance Phone Number: _____

Insurance Group or ID Number: _____

Primary Care Physician: _____

Primary Care Physician Phone Number: (_____) _____

Student 1

Name (First, Middle, Last): _____

Birthday (MM/DD/YYYY): _____ Gender: ___ Male ___ Female

Grade Entering Fall of 2019: _____ School Attending Fall of 2019: _____

Number of years student has attended parish faith formation? _____

Number of years student has attended Catholic school? _____

Has this student received...

...the Sacrament of Baptism? _____ Yes _____ No

...the Sacrament of First Reconciliation? _____ Yes _____ No

...the Sacrament of First Communion? _____ Yes _____ No

...the Sacrament of Confirmation? _____ Yes _____ No

List any allergies/medications, educational or special needs.

Student 2

Name (First, Middle, Last): _____

Birthday (MM/DD/YYYY): _____ Gender: ___ Male ___ Female

Grade Entering Fall of 2019: _____ School Attending Fall of 2019: _____

Number of years student has attended parish faith formation? _____

Number of years student has attended Catholic school? _____

Has this student received...

...the Sacrament of Baptism? _____ Yes _____ No

...the Sacrament of First Reconciliation? _____ Yes _____ No

...the Sacrament of First Communion? _____ Yes _____ No

...the Sacrament of Confirmation? _____ Yes _____ No

List any allergies/medications, educational or special needs.

Student 3

Name (First, Middle, Last): _____

Birthday (MM/DD/YYYY): _____ Gender: ___ Male ___ Female

Grade Entering Fall of 2019: _____ School Attending Fall of 2019: _____

Number of years student has attended parish faith formation? _____

Number of years student has attended Catholic school? _____

Has this student received...

...the Sacrament of Baptism? ___ Yes ___ No

...the Sacrament of First Reconciliation? ___ Yes ___ No

...the Sacrament of First Communion? ___ Yes ___ No

...the Sacrament of Confirmation? ___ Yes ___ No

List any allergies/medications, educational or special needs.

Student 4

Name (First, Middle, Last): _____

Birthday (MM/DD/YYYY): _____ Gender: ___ Male ___ Female

Grade Entering Fall of 2019: _____ School Attending Fall of 2019: _____

Number of years student has attended parish faith formation? _____

Number of years student has attended Catholic school? _____

Has this student received...

...the Sacrament of Baptism? ___ Yes ___ No

...the Sacrament of First Reconciliation? ___ Yes ___ No

...the Sacrament of First Communion? ___ Yes ___ No

...the Sacrament of Confirmation? ___ Yes ___ No

List any allergies/medications, educational or special needs.

Student 5

Name (First, Middle, Last): _____

Birthday (MM/DD/YYYY): _____

Gender: ___ Male ___ Female

Grade Entering Fall of 2019: _____

School Attending Fall of 2019: _____

Number of years student has attended parish faith formation? _____

Number of years student has attended Catholic school? _____

Has this student received...

...the Sacrament of Baptism? _____ Yes _____ No

...the Sacrament of First Reconciliation? _____ Yes _____ No

...the Sacrament of First Communion? _____ Yes _____ No

...the Sacrament of Confirmation? _____ Yes _____ No

List any allergies/medications, educational or special needs.

Parental Consent for Youth to Participate in Activity and Release

A. The undersigned represent that they are the parents or legal guardians of *Participant* and have full authority under law to sign this document.

B. *Parents* grant their permission for *Participant* to enroll and participate in the *Faith Formation at St. John Neumann Catholic Church for the 2019-2019 school year.*

C. *Parents* acknowledge and agree that:

(1) *Participant* and *Parents* voluntarily seek to participate in *Faith Formation*;

(2) *Faith Formation* may involve physical activity that involves risk of injury;

(3) *Participant* and *Parents* will abide by all policies and rules established for *Faith Formation* and instructions of those persons facilitating, organizing, or overseeing the *Faith Formation*;

(4) *Parents* and *Participant* are responsible for *Participant's* conduct during the school year and are responsible for any damages, claims, or other costs caused by *Participant* or incurred as a result *Participant's* conduct; and

(5) if *Participant's* conduct is inappropriate, unsafe or detrimental to the environment, other participants or other persons, *St. John Neumann* may suspend or expel *Participant* from *Faith Formation* and future events.

D. Unless this paragraph is struck and initialed by the undersigned, *Parents* authorize *St. John Neumann* to provide over-the-counter aspirin, pain relievers, cold medicine, and other over-the-counter medications to *Participant* at *Participant's* request if *St. John Neumann* deems it reasonable to do so. *St. John Neumann* will make reasonable attempts to notify *Parents* prior to authorizing any such over-the-counter medication.

E. In the event of an emergency or a situation that is reasonably considered to be an emergency, *Parents* authorize *St. John Neumann* to seek and authorize emergency medical care to be given to *Participant* (for example, first aid, medication, anesthesia, or surgery). *St. John Neumann* will make reasonable attempts to notify *Parents* prior to authorizing any such emergency care.

F. *Parents* grant *Parish/School* and the *Diocese* permission:

(1) to photograph and video tape *Participant* during the school year; and

(2) to use the photographs and video tapes in publications and promotions of *St. John Neumann*, including but not limited to publications such as websites, newsletters, advertisements, scrapbooks, and yearbooks.

G. To the extent permitted by law, *Parents*, for themselves and for *Participant*, release and agree to indemnify and hold harmless the *Parish* and the *Diocese* from any and all liability, claims, demands, and costs which may arise as a result of *Participant's* participation in *Faith Formation* or which is, in any way, related to such participation. This paragraph covers loss under any theory of loss (negligence or otherwise) including but not limited to personal injury or property damage. *Parents* and *Participant* assume all risk of injury or loss to themselves or their property.

Session Selection

SUNDAY 8:55am – 10:05am (Session 1)

- _____ PK4 – \$90
- _____ Kindergarten \$90
- _____ 1st Grade \$90
- _____ 2nd Grade – Sacramental Prep. \$150
- _____ 3rd Grade \$90
- _____ 4th Grade \$90
- _____ 5th Grade \$90

SUNDAY 10:15am – 11:25am (Session 2)

- _____ PK4 – \$90
- _____ Kindergarten \$90
- _____ 1st Grade \$90
- _____ 2nd Grade – Sacramental Prep. \$150
- _____ 3rd Grade \$90
- _____ 4th Grade \$90
- _____ 5th Grade \$90

WEDNESDAY 4:00pm – 5:00pm

- _____ PK4 – \$90
- _____ Kindergarten \$90
- _____ 1st Grade \$90
- _____ 2nd Grade – Sacramental Year \$150
- _____ 3rd Grade \$90
- _____ 4th Grade \$90
- _____ 5th Grade \$90
- _____ Middle School (6th- 8th) \$90

EDGE - SUNDAY @ 10:00am – 11:20am

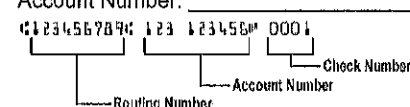
- _____ 6th Grade \$90
- _____ 7th Grade \$90
- _____ 8th Grade \$90
- _____ Home Study \$90 (for those unable to commit to weekly Sunday sessions or interested in family faith study.)

LIFETEEN – SUNDAY @ 6:40pm – 8:15pm

- _____ 9th Grade – Confirmation Prep. & Retreat \$300
- _____ 10th Grade \$90
- _____ 11th Grade \$90
- _____ 12th Grade \$90

AUTHORIZATION FORM

Name of the organization: St. John Neumann Catholic Church

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Effective date of authorization: ____/____/____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name		First Name
Address		
City		State Zip
Email Address:		Phone number:
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> One-time	FUNDS: AMOUNTS: <input type="checkbox"/> Religious Education (PreK – 5 th grade) \$ _____ <input type="checkbox"/> Edge (6 th – 8 th) \$ _____ <input type="checkbox"/> Life Teen (9 th – 12 th) \$ _____ <div style="text-align: right;">Total from above \$ _____</div>
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	
	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ 	
I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.		
Authorized Signature: _____		Date: _____
CREDIT / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization to process transactions in accordance with the information above.	
Signature (as it appears on the card): _____		Date: _____

If using a checking account, please attach a voided check over the credit/debit card section above.

PLEASE DO NOT SEND THIS AUTHORIZATION FORM BY EMAIL - AS THAT IS NOT SECURE

Please return this Authorization form to Cindy Strong St. John Neumann Parish Office or send by fax to 512-328-3226.

OR

Drop it by at St. John Neumann Parish Office during normal office hours: Monday – Thursday / 8:30AM to 5:00PM or Friday / 8:30AM – 4:00PM.

Or mail it to:

**St. John Neumann Catholic Church
 Attn: Faith Formation
 5455 Bee Caves Road
 Austin, TX 78746**

Please call Cindy Strong at 512-328-3220, ext. 111 should you have questions regarding the Authorization Form