



Youth (6-12) Faith Formation Registration Form 2017-2018

Must be a registered member of St. Timothy before you can register.
\$5 discount per child if registered & paid by June 1, 2017.

Date: _____

Family Last Name:	Envelope #:	Best Phone:	
Best Email:	Child(ren) live with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian (Name: _____)		
Street Address:	City:	State:	Zip:
Father's Name:	Father's Cell:		
Mother's Name:	Mother's Cell:		
Emergency Contact Name(s) & Number(s):			

Please check appropriate box below

Name of Youth #1:			<input type="checkbox"/> My Youth NEEDS BAPTISM <input type="checkbox"/> Baptized at St. Timothy's <input type="checkbox"/> Baptized in another Catholic Church. _____ <input type="checkbox"/> Baptized, Not Catholic. Religion: _____								
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female										
School Name:	Grade Level (Fall 2017):	Shirt Size:	My Youth needs, this year: First Reconciliation: <input type="checkbox"/> Yes <input type="checkbox"/> No First Holy Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No *Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No								
Attended Catholic Faith Formation Classes Before: <input type="checkbox"/> Yes <input type="checkbox"/> No Last grade Faith Formation classes completed: _____ Name of Parish: _____			*In order for your youth to be Confirmed this year (2018) they must have attended Catholic faith formation the previous year (2016-2017). Please attach the Catholic Baptismal certificate. If not baptized Catholic the youth will prepare for the sacraments through the RCIA process. _____								
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Name	Cell Number										
1. _____	_____										
2. _____	_____										

Office Use Only:		Today's Date: _____
K-5 Faith Formation (\$60): _____	First Communion Year (\$100) : _____	
Sacramental Prep Older Children (\$100): _____	Catholic School Student-FHC (\$50) _____	RCIA Adapted K-5 (\$100): _____
Middle School EDGE (\$60): _____	High School Youth Ministry(\$60): _____	Confirmation Year (\$100): _____
Catholic School Student, Confirmation Only (\$50): _____	RCIA Adapted Youth (\$100): _____	
<input type="checkbox"/> Early Registration Discount: _____ <input type="checkbox"/> Catechist Discount: _____		Check #: _____
Total Amount Due: _____		Cash: _____ Balance Due: _____
		Charge: _____

Family Last Name:			
Name of Youth #2:		<input type="checkbox"/> My Youth NEEDS BAPTISM <input type="checkbox"/> Baptized at St. Timothy's <input type="checkbox"/> Baptized in another Catholic Church. _____ <input type="checkbox"/> Baptized, Not Catholic. Religion: _____	
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No First Holy Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No *Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Please check appropriate box below			
Name of Youth #3:		<input type="checkbox"/> My Youth NEEDS BAPTISM <input type="checkbox"/> Baptized at St. Timothy's <input type="checkbox"/> Baptized in another Catholic Church. _____ <input type="checkbox"/> Baptized, Not Catholic. Religion: _____	
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No First Holy Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No *Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Family Last Name:									
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Parish Name: St Timothy Catholic Church
Parish Address: 17512 Lakeshore Rd; Lutz, FL 33558
Parish Phone Number: 813-968-1077

**ANNUAL PARENTAL PERMISSION/RELEASE
for Communication, Photos, and Medical**

Method of Communication Release:

During the year your teenager is a member of the parish youth ministry, we do try to keep them up-to-date with dates for meetings and/or changes in our calendar of events. With the implementation of the Safe Environment policies within the Diocese of St. Petersburg, we are now seeking your permission for these items.

___ **Yes**, I give _____ (my youth) permission to communicate with the Parish Coordinator of Youth Ministry and/or youth ministry team leaders through the use of his/her:

(please check all that apply)

- Email address _____
- Facebook _____
- Instant Messaging _____
- Home phone _____
- Cell phone _____
- Text message _____
- Postal mail _____

I also give permission for the Parish Coordinator of Youth Ministry and/or youth ministry team leaders to use this contact information to communicate with him/her. We understand that any addresses received through the parish youth ministry will *only* be used for the parish youth ministry purposes

___ **No**, I *do not* give _____ (my youth) permission to communicate with the Parish Coordinator of Youth Ministry and/or youth ministry team leaders through the use of his/her (please check all that apply)

- Email address
- Facebook
- Instant Messaging
- Text message
- Home phone
- Cell phone
- Postal mail

___ I, as parent/guardian, would also like to receive an email update of all dates for meetings and/or changes in the calendar of events. My email address is: _____.

Publicity/Photo/Video Release:

From time to time, publicity releases for newspapers, television, website, and other media may be prepared about events occurring at the parish. These may or may not be accompanied by photos or videotape of students. The releases may be prepared by St Timothy Parish or media representative.

___ **Yes**, I do give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

___ **No**, I *do not* give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

(over)



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Parish Address: 17512 Lakeshore Rd.; Lutz, FL 33558
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IN CASE OF AN ACCIDENT OR SERIOUS ILLNESS, THE ABOVE PARISH WILL CONTACT THE PARENT/GUARDIAN LISTED BELOW. IF THE PARISH IS UNABLE TO REACH THEM, OR ANY OTHER PERSON DESIGNATED, THEN I HEREBY AUTHORIZE THE CHURCH AND ITS REPRESENTATIVES TO CONTACT MY CHILD'S PHYSICIAN AND/OR MAKE ARRANGEMENTS FOR IMMEDIATE EMERGENCY TREATMENT. PAYMENT OR FEES FOR ALL MEDICAL SERVICES WILL BE THE RESPONSIBILITY OF THE PARENT/GUARDIAN. **THIS MEDICAL RELEASE IS VALID FROM AUGUST 1, 2017 UNTIL JULY 31, 2018** AND FOR ALL EVENTS THROUGHOUT THE YEAR. I UNDERSTAND THAT IT IS THE PARENT'S RESPONSIBILITY TO UPDATE THIS FORM AS NECESSARY THROUGHOUT THE YEAR.

Youth's Name: _____

Parent or Legal Guardian's Name _____ Phone(s) _____

Emergency contact information: _____

Family Physician's Name: _____ Phone: _____

Insurance Co. Name _____ Medical Insurance: ID number _____

Group Number _____ Cardholder's Name _____

Health Information

List all medications taken daily and/or regularly: _____

Youth/participant's allergies, if any, including medication and food allergies: _____

Youth/participant's chronic medical problems (e.g. diabetes, epilepsy): _____

Youth/participant's other physical restrictions or dietary requirements (if any): _____

Date of Tetanus: _____ Other medical: _____

Other medical treatment: In the event it comes to the attention of the Church representatives, volunteers or employees that my child has become ill with symptoms such as headaches, vomiting, sore throat, fever, diarrhea, I want to be called collect.

My child may be given: Tylenol (circle: yes / no); Ibuprofen (circle: yes / no); Throat lozenges (circle: yes / no); Benadryl (circle: yes / no).

Signature of Parent/Guardian

Date

STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, 20__ who [] is personally known to me, or [] who produced the following as identification _____.

(SEAL)

Signature of Notary Public

Typed or printed name

Commission No. _____