



# Youth (6-12) Faith Formation Registration Form 2018-2019

**Must be a registered member of St. Timothy before you can register.**  
**\$5 discount per child if registered & paid by June 1, 2018.**

**Date:** \_\_\_\_\_

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>Family Last Name:</b>   |  | <b>Envelope #:</b>  | <b>Best Phone:</b>        |
| <b>Best Email:</b>   |  | <b>Child(ren) live with:</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother<br><input type="checkbox"/> Guardian (Name: _____)                 |                           |
| <b>Street Address:</b>   |  | <b>City:</b>  | <b>State:</b> <b>Zip:</b> |
| <b>Father's Name:</b>  |  | <b>Father's Cell:</b>   |                           |
| <b>Mother's Name:</b>  |  | <b>Mother's Cell:</b>   |                           |
| <b>Emergency Contact Name(s):</b>  |  | <b>Emergency Contact Phone Number:</b>  |                           |
| <b>Participant Information</b>   |  | <b>Sacramental Information</b>  |                           |
| <b>Name of Youth #1:</b>   |  | <b>Please check appropriate box below</b>   |                           |
| <b>Birthdate:</b>  | <b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> My Youth NEEDS BAPTISM   |                           |
| <b>School Name:</b>  | <b>Grade Level (Fall 2018):</b> <b>Shirt Size:</b>                           | <input type="checkbox"/> Baptized at St. Timothy's _____<br><small>Date</small>   |                           |
| <b>Attended Catholic Faith Formation Classes Before:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Last grade Faith Formation classes completed:<br>_____ |  | <input type="checkbox"/> Baptized in another Catholic Church. _____<br><small>Name of Church</small>  |                           |
| <b>Name of Parish:</b>   |  | <input type="checkbox"/> Baptized, Not Catholic.: _____<br><small>Religion</small>  |                           |
| <b>Register Youth for 2018-2019:</b>   |  | If not baptized Catholic, call the Youth Ministry office at 813-968-1077 ext. 240   |                           |
| <input type="checkbox"/> MS EDGE (6 <sup>th</sup> -8 <sup>th</sup> ), Wed. 6:45-8:15pm (\$60)  |  | <b>My Youth needs, this year:</b>   |                           |
| <input type="checkbox"/> HS Life Teen (9 <sup>th</sup> -12 <sup>th</sup> ), Sun. 6:30-8:30pm (\$60)  |  | First Holy Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No  |                           |
| <input type="checkbox"/> HS Life Teen (2 <sup>nd</sup> yr) + Confirmation (\$100)  |  | *Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No   |                           |
| <input type="checkbox"/> Catholic School Student, Confirmation only (\$50)   |  | *In order for your youth to be Confirmed this year (2019) they must have attended Catholic faith formation the previous year (2017-2018).<br><b>Please attach the Catholic Baptismal certificate.</b> |                           |
| <input type="checkbox"/> RCIA Youth, (\$100) (Time TBD)  |  | <b>What should know about your youth (allergies, medical, behavioral or physical conditions):</b>   |                           |

| Office Use Only  |  | Date:                                    |                                      |
|--|--|--|--------------------------------------|
| 1-5 Faith Form (\$60) _____                            | FHC yr. (\$100) _____                              | MS Edge (\$60) _____                     | HS Life Teen (\$60) _____            |
| Cath. Sch. FHC yr. (\$50) _____                        | RCIA 1-5 & Yth (\$100) _____                       | Confirmation Yr. (\$100) _____           | Cath. Sch. Confirm Only (\$50) _____ |
| <input type="checkbox"/> Early Regist. Discount: _____ | <input type="checkbox"/> Catechist Discount: _____ | Check #: _____ Cash: _____ Charge: _____ | <b>Balance Due:</b> _____            |
|  |  | Total Amount Due: _____                  |                                      |

| <b>Family Last Name:</b>  |  |   |  |
|---|--|---|--|
| Participant Information   |  | Sacramental Information   |  |
| <b>Name of Youth #2:</b>  |  | <b>Please check appropriate box below</b>   |  |
| <b>Birthdate:</b>   | <b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> My Youth NEEDS BAPTISM   |  |
| <b>School Name:</b>   | <b>Grade Level (Fall 2018):</b>  | <input type="checkbox"/> Baptized at St. Timothy's _____<br><small style="text-align: center;">Date</small>   | <input type="checkbox"/> Baptized in another Catholic Church. _____<br><small style="text-align: center;">Name of Church</small> |
| <b>School Name:</b>   | <b>Grade Level (Fall 2018):</b>  | <input type="checkbox"/> Baptized, Not Catholic.: _____<br><small style="text-align: center;">Religion</small>  |  |
| <b>Attended Catholic Faith Formation Classes Before:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Last grade Faith Formation classes completed:<br>_____  |  | If not baptized Catholic, call the Youth Ministry office at 813-968-1077 ext. 240   |  |
| Name of Parish: _____   |  | <b>My Youth needs, this year:</b><br>First Holy Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>*Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No        |  |
| <b>Register Youth for 2018-2019:</b><br><input type="checkbox"/> MS EDGE (6 <sup>th</sup> -8 <sup>th</sup> ), Wed. 6:45-8:15pm (\$60)<br><input type="checkbox"/> HS Life Teen ( 9 <sup>th</sup> -12 <sup>th</sup> ), Sun. 6:30-8:30pm (\$60)<br><input type="checkbox"/> HS Life Teen (2 <sup>nd</sup> yr) + Confirmation (\$100)<br><input type="checkbox"/> Catholic School Student, Confirmation only (\$50)<br><input type="checkbox"/> RCIA Youth, (\$100) (Time TBD) |  | *In order for your youth to be Confirmed this year (2019) they must have attended Catholic faith formation the previous year (2017-2018).<br><b>Please attach the Catholic Baptismal certificate.</b> |  |
|   |  | <b>What should know about your youth (allergies, medical, behavioral or physical conditions):</b><br>_____  |  |
| Participant Information   |  | Sacramental Information   |  |
| <b>Name of Youth #3:</b>  |  | <b>Please check appropriate box below</b>   |  |
| <b>Birthdate:</b>   | <b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> My Youth NEEDS BAPTISM   |  |
| <b>School Name:</b>   | <b>Grade Level (Fall 2018):</b>  | <input type="checkbox"/> Baptized at St. Timothy's _____<br><small style="text-align: center;">Date</small>   | <input type="checkbox"/> Baptized in another Catholic Church. _____<br><small style="text-align: center;">Name of Church</small> |
| <b>School Name:</b>   | <b>Grade Level (Fall 2018):</b>  | <input type="checkbox"/> Baptized, Not Catholic.: _____<br><small style="text-align: center;">Religion</small>  |  |
| <b>Attended Catholic Faith Formation Classes Before:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Last grade Faith Formation classes completed:<br>_____  |  | If not baptized Catholic, call the Youth Ministry office at 813-968-1077 ext. 240   |  |
| Name of Parish: _____   |  | <b>My Youth needs, this year:</b><br>First Holy Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>*Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No        |  |
| <b>Register Youth for 2018-2019:</b><br><input type="checkbox"/> MS EDGE (6 <sup>th</sup> -8 <sup>th</sup> ), Wed. 6:45-8:15pm (\$60)<br><input type="checkbox"/> HS Life Teen ( 9 <sup>th</sup> -12 <sup>th</sup> ), Sun. 6:30-8:30pm (\$60)<br><input type="checkbox"/> HS Life Teen (2 <sup>nd</sup> yr) + Confirmation (\$100)<br><input type="checkbox"/> Catholic School Student, Confirmation only (\$50)<br><input type="checkbox"/> RCIA Youth, (\$100) (Time TBD) |  | *In order for your youth to be Confirmed this year (2019) they must have attended Catholic faith formation the previous year (2017-2018).<br><b>Please attach the Catholic Baptismal certificate.</b> |  |
|   |  | <b>What should know about your youth (allergies, medical, behavioral or physical conditions):</b><br>_____  |  |

**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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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, 2018 UNTIL JULY 31, 2019 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. \_\_\_\_\_