



Youth (6-12) Faith Formation Registration Form 2019-2020

Must be a registered member of St. Timothy before you can register.

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):		Emergency Contact Phone Number:	
Participant Information		Sacramental Information	
Name of Youth #1:		Please check appropriate box below	
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> My Youth NEEDS BAPTISM	
School Name:	Grade Level (Fall 2019): Shirt Size:	<input type="checkbox"/> Baptized at St. Timothy's _____ <small style="margin-left: 150px;">Date</small>	
Attended Catholic Faith Formation Classes Before: <input type="checkbox"/> Yes <input type="checkbox"/> No Last grade Faith Formation classes completed: _____		<input type="checkbox"/> Baptized in another Catholic Church. _____ <small style="margin-left: 150px;">Name of Church</small>	
Name of Parish:		<input type="checkbox"/> Baptized, Not Catholic.: _____ <small style="margin-left: 150px;">Religion</small>	
Register Youth for 2019-2020: <input type="checkbox"/> MS EDGE (6 th -8 th), Wed. 6:45-8:15pm (\$60) <input type="checkbox"/> HS Life Teen (9 th -12 th), Sun. 6:30-8:30pm (\$60) <input type="checkbox"/> HS Life Teen (2 nd yr) + Confirmation (\$100) <input type="checkbox"/> Catholic School Student, Confirmation only (\$50) <input type="checkbox"/> RCIA Youth, (\$100) (Time TBD)		If not baptized Catholic, call the Youth Ministry office at 813-968-1077 ext. 240	
		My Youth needs, this year: First Holy Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No *Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		*In order for your youth to be Confirmed this year (2020) they must have attended Catholic faith formation the previous year (2018-2019). Please attach the Catholic Baptismal certificate.	
		What should know about your youth (allergies, medical, behavioral or physical conditions): _____	

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"/> Catechist Discount: _____		Check #: _____ Cash: _____ Charge: _____	Balance Due: _____
		Total Amount Due: _____	

Family Last Name:			
Participant Information		Sacramental Information	
Name of Youth #2:		Please check appropriate box below	
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> My Youth NEEDS BAPTISM	
School Name:	Grade Level (Fall 2019):	<input type="checkbox"/> Baptized at St. Timothy's _____ <small style="margin-left: 100px;">Date</small>	<input type="checkbox"/> Baptized in another Catholic Church. _____ <small style="margin-left: 100px;">Name of Church</small>
Attended Catholic Faith Formation Classes Before: <input type="checkbox"/> Yes <input type="checkbox"/> No Last grade Faith Formation classes completed: _____	Shirt Size:	<input type="checkbox"/> Baptized, Not Catholic.: _____ <small style="margin-left: 100px;">Religion</small>	
Name of Parish:		If not baptized Catholic, call the Youth Ministry office at 813-968-1077 ext. 240	
Register Youth for 2019-2020:		My Youth needs, this year:	
<input type="checkbox"/> MS EDGE (6 th -8 th), Wed. 6:45-8:15pm (\$60)		First Holy Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> HS Life Teen (9 th -12 th), Sun. 6:30-8:30pm (\$60)		*Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> HS Life Teen (2 nd yr) + Confirmation (\$100)		*In order for your youth to be Confirmed this year (2020) they must have attended Catholic faith formation the previous year (2018-2019). Please attach the Catholic Baptismal certificate.	
<input type="checkbox"/> Catholic School Student, Confirmation only (\$50)		What should know about your youth (allergies, medical, behavioral or physical conditions):	
<input type="checkbox"/> RCIA Youth, (\$100) (Time TBD)		_____	
Participant Information		Sacramental Information	
Name of Youth #3:		Please check appropriate box below	
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> My Youth NEEDS BAPTISM	
School Name:	Grade Level (Fall 2019):	<input type="checkbox"/> Baptized at St. Timothy's _____ <small style="margin-left: 100px;">Date</small>	<input type="checkbox"/> Baptized in another Catholic Church. _____ <small style="margin-left: 100px;">Name of Church</small>
Attended Catholic Faith Formation Classes Before: <input type="checkbox"/> Yes <input type="checkbox"/> No Last grade Faith Formation classes completed: _____	Shirt Size:	<input type="checkbox"/> Baptized, Not Catholic.: _____ <small style="margin-left: 100px;">Religion</small>	
Name of Parish:		If not baptized Catholic, call the Youth Ministry office at 813-968-1077 ext. 240	
Register Youth for 2019-2020:		My Youth needs, this year:	
<input type="checkbox"/> MS EDGE (6 th -8 th), Wed. 6:45-8:15pm (\$60)		First Holy Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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<input type="checkbox"/> HS Life Teen (2 nd yr) + Confirmation (\$100)		*In order for your youth to be Confirmed this year (2020) they must have attended Catholic faith formation the previous year (2018-2019). Please attach the Catholic Baptismal certificate.	
<input type="checkbox"/> Catholic School Student, Confirmation only (\$50)		What should know about your youth (allergies, medical, behavioral or physical conditions):	
<input type="checkbox"/> RCIA Youth, (\$100) (Time TBD)		_____	

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, 2019 UNTIL JULY 31, 2020 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. _____