

Lakeshore Catholic Communities

Faith Formation/Youth Ministry

2018—2019

Registration*

Grades K-12

**Family must be registered at Holy Family or Sacred Heart to participate*

Registering for: Holy Family Church Sacred Heart Church

Child's Name: _____ Grade: _____ Birth Date: _____

Address: _____ Home Phone: (____) _____

Best Parent Contact E-mail address:

Special needs for your child: _____

Sacraments Received

Baptismal Date: _____ Parish _____

Eucharist Date: _____ Parish _____

Confirmation Date: _____ Parish _____

Father's Full Name _____ Cell Phone:(____) _____

Mother's Full Name _____ Cell Phone:(____) _____

Child living with: Mother Father Both Other: _____

Address: (If different from child) _____

Parent/Guardian signature: _____

I am willing to be a:

- | | |
|---|---|
| <input type="checkbox"/> Catechist (teacher/substitute) | <input type="checkbox"/> Driver |
| <input type="checkbox"/> Snack/Lunch Coordinator | <input type="checkbox"/> Phone Tree Coordinator |
| <input type="checkbox"/> Snack/Lunch Helper (set up/clean up) | <input type="checkbox"/> Volunteer |

I have a special gift I wish to share: _____

To be filled out by office staff

Registration Fee (K-5 only) \$20.00 Paid
 Cash Check # _____

Lakeshore Catholic Communities

Holy Family Church, East Tawas, MI and Sacred Heart Church, Oscoda, MI

MEDICAL TREATMENT RELEASE FORM 2018-19 Faith Formation Year

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: _____

Address of Minor: _____

City: _____ State: _____ Zip: _____ Phone: _____

Emergency Phone: _____ Cell Phone: _____

Family Physician: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

List allergies, medication, contacts, or other pertinent comments:

Allergies: _____

Medications: _____

Comments/Other: _____

Health Insurance Data: _____

Company: _____ Policy #: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice of Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____

Signed: _____
(Parent or Guardian)

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PUBLICITY CONSENT

Holy Family Church, Sacred Heart Church and the Diocese of Gaylord, engage in various communications regarding programs and activities of the parish, school and diocese through correspondence and publicity with families, parishioners, as well as mass media, social media and members of the wider community. This may involve – but is not limited to – photos, video, audio, written materials, bulletin boards, newspapers, radio, television, electronic presentations, Internet, etc.

Please provide authorization for your child’s name, picture, age, parish/school, verbal or written remarks, and parent’s names to be utilized for such publicity by completing the form below.

AUTHORIZATION FORM

As parent/guardian of _____, I understand that promotional pictures, audio and or video recording (individual and group) may be taking during events and activities offered through Holy Family Church/Sacred Heart Church) or the Diocese of Gaylord. I hereby give permission, without remuneration, for my child’s name, picture, age, parish/school, city, verbal or written remarks and parent(s) names, to be used for news, educational and promotional materials (including, but limited to print, audio, video, broadcast, displays, web pages, calendars, PowerPoint, bulletins, etc.) for Holy Family Church/Sacred Heart Church, as well as the Diocese of Gaylord. I also hereby agree to release and hold harmless Holy Family Church/Sacred Heart Church, the Diocese of Gaylord, as well as any of their employees or representatives, including volunteers, from any and all claims resulting from the use of the above information regarding my child.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

(Parents may cancel this authorization at any time by providing written notice to Holy Family Church 516 W. Lincoln Street, East Tawas, MI 48730/ Sacred Heart Church 5300 N. US 23, Oscoda, MI 48750.)