

2019-2020 - FAMILY INFORMATION PAGE

St. Mark the Evangelist

| NAME(S) OF CHILD(REN) <u>REGISTERING</u> PSR -- (3 YR OLD - 5 TH GR) AND/OR FAITH FORMATION -- (MS & HS) | BIRTHDATE | M/F | GRADE | SCHOOL | CIRCLE SACRAMENT(S) RECEIVED |
|---|-----------|-----|-------|--------|---|
| 1. | | | | | Baptism Yes / No First Eucharist Yes / No Confirmation Yes / No |
| 2. | | | | | Baptism Yes / No First Eucharist Yes / No Confirmation Yes / No |
| 3. | | | | | Baptism Yes / No First Eucharist Yes / No Confirmation Yes / No |
| 4. | | | | | Baptism Yes / No First Eucharist Yes / No Confirmation Yes / No |

CHILD INFORMATION

Please list allergies or other medical/physical information we should know and medication your child is currently taking:

PARENT/GUARDIAN INFORMATION

CHILD LIVES WITH (STATE RELATION) _____

Parents'/Guardians' Names: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____
Father's Cell
Mother's Cell
Youth's Cell (optional)**

Home Phone: _____

Parent(s) Email Address: _____

Youth's Email (Optional)** _____

**Complete the attached Diocesan Direct Contact With Minors Permission Form

PARISH INFORMATION

Registered Member of the Parish (circle one): Yes No, member of _____ No church affiliation

We normally attend Mass at (circle one): Saturday: 5:30 7:30 (Spanish Mass) Sunday: 8:00 9:30 11:30

I/We, _____ give permission for my

son/daughter(s) _____

to participate in activities at St. Mark the Evangelist Church. I/we understand that there is a risk of injury involved in any activity. I/We hereby release St. Mark the Evangelist Church and the Diocese of Kansas City-St. Joseph, and its officers, agents, employees and volunteers, from any liability arising from claims of any kind or nature whatsoever in connection with my child's participation in the activity.

I/We give my/our permission to the Catholic Diocese of Kansas City-St. Joseph and St. Mark the Evangelist Parish (St. Mark's) to take photographs, video, digital images or other recordings (collectively, "photographs") of my child in connection with activities at the Diocese or St. Mark's. I also grant the Diocese and St. Mark's the right to use, publish, exhibit or distribute such photographs for purposes of advertising, promoting or marketing the Diocese and its schools or other institutions for current or future events. I understand that I have no copyright interest in such photographs, and that the Diocese and St. Mark's need not obtain any further approval from me to use the photographs.

For the duration of the 2019-20 school year, I/We grant to St. Mark the Evangelist Church and its agents the following powers to be used for the benefit of and on behalf of minor during activities at St. Mark's Parish (check all that apply):

- _____ to receive any and all individually identifiable health information about the past, present and future medical condition of my child, including, but not limited to, information necessary to the care and treatment of my child and any illness or injury my child may have sustained. (You have disclosed all information needed for adult leaders to be able to teach your child to the best of our ability and to the best of his/her ability).
- _____ to authorize medical care for my child, including, but not limited to, any and all treatment, examination, diagnosis or outpatient medical care rendered under the general or special supervision of and on the advice of any physician or surgeon licensed to practice medicine by the applicable licensing body in the state in which physician or surgeon practices. In the event of an emergency, if I cannot be contacted, I/We authorize that emergency treatment be administered.

I/We understand that the Diocese/Parish/School/Organization will not be liable to me/us or any of my/our successors in interest for any action taken or not taken in good faith. I/We understand that as parent(s) or legal guardians(s) I/we may be responsible for any liability which may result from the conduct of my child at or during events at St. Mark's.

Parents' /Guardians' Names: _____

Parent's Guardian's Signature: _____ Date: _____

Other contact(s) in case of injury or illness _____ (phone) _____

Physician Name and Phone: _____

REGISTRATION FEES

Please circle total number of students registered in Youth Ministry* and Parish School of Religion:

1 Student (\$60) 2 Students (\$95) 3 or More (\$105)

*If one of your students is *currently* on the Youth Ministry (YM) Team, complete this section *instead*:

1 YM Team Member – (\$25) YM Team Member + 1 other student (\$70) YM Team Member + 2 or More (\$80)

| |
|---|
| For Office Use Only: Number of Children _____ Total Paid _____ Cash or Check# _____ PSR _____ Youth _____ |
|---|

Youth(s) Name(s): _____



The Diocese of Kansas City - St. Joseph

Parental or Guardian Permission for Direct Contact with Minors

This form allows you to identify who may communicate with your minor children and by what means.

Parents and guardians will be copied into all written or text-based communications except those that occur on an official social networking site or online community administered and maintained by the ministry, parish, or school pursuant to the terms of diocesan policy and approved by parents or guardians on this form.

St. Mark's Youth Ministry communicates via:

- **Phone Numbers** 816-285-8361 (Deacon Ken's Youth Office Phone)
816-285-8360 (Youth Office Administrative Assistant Phone)
816-529-2971 (Deacon Ken's Cell Phone)
- **Email Address** Kfuenfhausen@stmarksparish.com
Youthadmin@stmarksparish.com
cdavis@stmarksparish.com

Parent or Guardian Completes

_____ You **MAY NOT** contact my children directly. (Sign and return).

_____ You **MAY** contact my children directly. (Sign, complete all sections below and return).

❖ Phone call/ voice message _____
(phone number) (Name of Child/Children)

❖ SMS/ text message _____
(phone number) (Name of Child/Children)

❖ Email _____
(Email address) (family's email or child's?)

❖ Email _____
(Email address) (family's email or child's?)

Print Parent/Guardian Name _____

Signature _____ Date _____

St. Mark's Parish Youth Ministry
Middle School and High School
2019-2020

Family's Last Name: _____ Date _____

Adult Support Opportunities: (Please check the volunteer opportunities that interest you.)

_____ Provide transportation to a youth community event or service project

_____ Serve on our retreat cooking team

_____ Serve at fundraising events (Golf Tournament, Business Expo, Rummage Sale, etc.)

_____ Other gifts you would be willing to share: _____

Sign up for notifications and alerts from St. Mark's

Text messaging To receive messages via text, text Inclement Weather: @stmarkiw to 81010.
Trouble using 81010? Try texting your code to (816) 875-4163.

Email To receive messages via email, send an email to: Inclement Weather: stmarkiw@mail.remind.com
You can leave the subject line blank in your initial email. After you send this initial email, the system will send you an email asking you to confirm your request. In that email, select the "Parent" code and hit enter. You're all set!

