

FAITH FORMATION
Good Shepherd / Time Travelers Registration Form 2019-2020

Good Shepherd Ages 3 - 6			Time Travelers Grades 2nd through 5th
<input type="checkbox"/> 8 AM Sundays	<input type="checkbox"/> 10:30 AM Sundays	<input type="checkbox"/> 9:30 AM Tuesdays	<input type="checkbox"/> 10:30 AM <i>*immediately following 9:30 Sunday mass</i>
Sept: 8, 22 Oct: 6, 20 Nov: 3,17 Dec: 1,15	Jan: 5, 19 Feb: 2, 16 Mar: 1, 15 Apr: 5, 19	Sept: 10,24 Oct: 8, 22 Nov: 5,19 Dec: 3,17	Jan: 7, 21 Feb: 4, 18 Mar: 3, 17 Apr: 7, 21
		Sept: 8, 22 Oct: 6, 20 Nov: 3,17 Dec: 1,15	Jan: 5, 19 Feb: 2, 16 Mar: 1, 15 Apr: 5, 19

Registration Fees

Registration Fee: \$125.00 (*If your child is NEW to our Faith Formation program, a workbook is required)

Workbook fee: \$25.00

Our goal is to have EVERY child enrolled in a Faith Formation Program. Money should not be an obstacle to enrolling a child. Please contact Fr. Mike Zgonc if any of these fees pose a hardship to your family at frmike@stmarksnh.org or 432-8711.

Child's LAST Name:	Child's FIRST Name:	Grade Entering in Fall 2019/2020 school year:
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Mother's First & Last Name:	Father's First & Last Name:
Email:	Email:
Address:	City/Zip:

FOR OFFICE USE ONLY:

Good Shepherd <input type="checkbox"/> Upper <input type="checkbox"/> Lower	Time Traveler - Explorer <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2	Time Traveler - Adventurer <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2
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Registration Fee <input type="checkbox"/> Cash <input type="checkbox"/> CC <input type="checkbox"/> Check # _____	Family Registered <input type="checkbox"/>	Baptismal Certificate on File <input type="checkbox"/> Date: _____ Parish: _____
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I _____ hereby give "My Child" _____
 (Parent/Guardian Name) (Child Name)

permission to participate in the "Activity" described below.

Location	St. Mark the Evangelist
Activity Description	GOOD SHEPHERD / TIME TRAVELERS
Date(s) and Times*	SEPTEMBER 2019 / APRIL 2020
Transportation Provided?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Special Instructions, if any	N/A
Cost	\$125.00, make check payable to St. Mark the Evangelist
Volunteers Needed ²	(Yes/No Volunteer Cost: \$ N/A

* If the Activity cannot be held on the Date or Times listed above, I intend for this Permission Form to apply and be effective for any rescheduled Date(s) and Times for the Activity.

I certify that My Child is physically fit and capable of taking part in the Activity.

I give permission for My Child to receive any emergency medical treatment deemed necessary until the Emergency Contact(s) can be notified, and I agree I will assume full responsibility for the payment of such treatment.

Emergency Contact: _____ Phone: _____

Alternate Contact: _____ Phone: _____

On the lines below, I have listed any medical condition, physical disability, and medical, food, insect and other allergy that may be relevant to rendering medical care. Any medication taken during the Activity must be provided in its original container.

I understand that photographic images or video or audio recordings of My Child may be taken during the Activity and I authorize them to be used for publicity by the Location.

I understand that staff will use their best efforts to supervise the Activity; however, I agree and acknowledge that the Location, the Roman Catholic Bishop of Manchester, the Roman Catholic Bishop of Manchester, a Corporation Sole, and any lessor of the premises, along with their respective affiliates, successors, and assigns, and their respective members, directors, officers, trustees, employees, volunteers, agents, contractors, and representatives shall not be responsible for bodily injury or loss of or damage to personal property that may result from the Activity.

Parent/Guardian Signature: _____ Date: _____

<p>For Volunteers³:</p> <p>I voluntarily agree to assist with the Activity. I give permission to receive any emergency medical treatment deemed necessary until the Emergency Contact(s) can be notified, and I agree I will assume full responsibility for the payment of such treatment.</p> <p>Volunteer's Signature: _____ Date: _____</p> <p>Email: _____ Phone: _____</p>
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¹ This Permission Slip is required from minors to participate in a trip (day or overnight) or for minors to volunteer.

² Must be age 21 or older to serve as a chaperone.

³ Volunteers must complete a Volunteer Application and Agreement and fulfill all applicable Safe Environment requirements.