

FAITH FORMATION 2019-2020 Registration Form

<p>Catechesis of the Good Shepherd</p> <p>AGES 3 - 6</p>	<p>St. Mark's KIDS</p> <p>GRADES 2 - 5</p>
<p><input type="checkbox"/></p> <p>10:30 AM</p> <p><i>Sundays, immediately following 9:30 mass</i></p>	<p><input type="checkbox"/></p> <p>10:30 AM</p> <p><i>Sundays, immediately following 9:30 mass</i></p>
<p>We are excited to offer this hands on and engaging learning experience for children 3 - 6 years old!!</p> <p>The Catechesis of the Good Shepherd is a program based on the conviction that God and the child are in a blossoming and ever-developing relationship. We will learn about scriptural and liturgical themes at an age appropriate level, allowing them to deepen their relationship with God through Jesus Christ!</p>	<p>This FUN and dynamic program is for grades 2 - 5!!</p> <p>We will continue to grow with God through games, dancing, crafts and Bible adventures!! If your child is in a Sacramental year (Grade 2 - Reconciliation, Grade 3 - Confirmation & First Eucharist) they are required to participate to receive their Sacraments.</p>

<p style="text-align: center;">Registration Fee: \$125.00</p> <p>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.</p>	<p style="text-align: center;">2019 - 2020 Class Dates</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">September 8, 15, 22</td> <td style="width: 50%;">January 5, 12, 26</td> </tr> <tr> <td>October 6, 20, 27</td> <td>February 2, 9, 16</td> </tr> <tr> <td>November 3, 17, 24</td> <td>March 8, 15, 22</td> </tr> <tr> <td>December 1, 8, 15</td> <td>April 5, 12, 19</td> </tr> </table>	September 8, 15, 22	January 5, 12, 26	October 6, 20, 27	February 2, 9, 16	November 3, 17, 24	March 8, 15, 22	December 1, 8, 15	April 5, 12, 19
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October 6, 20, 27	February 2, 9, 16								
November 3, 17, 24	March 8, 15, 22								
December 1, 8, 15	April 5, 12, 19								

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:
Phone #: <i>(Best number to reach you)</i>	Phone #: <i>(Best number to reach you)</i>
Email:	Email:

Address:	City/Zip:
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FOR OFFICE USE ONLY:

<p style="text-align: center;">Registration Fee</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> CC</p> <p><input type="checkbox"/> Check # _____</p>	<p style="text-align: center;">Family Registered</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>Baptismal Date:</p> <p>First Reconciliation Received</p> <p>Confirmation Date:</p> <p>First Eucharist Date:</p>	<p>Cert on File: Y / N</p> <p>Y / N</p> <p>Parish:</p> <p>Parish:</p>
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Roman Catholic Diocese of Manchester

I _____ hereby give "My Child" _____
 (Parent/Guardian Name) (Child Name)

permission to participate in the "Activity" described below.

Diocese Location	St. Mark the Evangelist
Activity Description	Good Shepherd / KIDS
Date(s) and Times*	9/2019 - April 2020
Transportation Provided?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Special Instructions, if any	N/A
Cost	\$125, make check payable to St. Mark the Evangelist
Volunteers Needed ²	<input checked="" type="checkbox"/> 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 photographs and videos of My Child may be taken, and I authorize them to be used for publicity.

I understand that staff will use their best efforts to supervise the Activity; however, I agree and acknowledge that the Roman Catholic Bishop of Manchester, a Corporation Sole d/b/a as the Diocese Location and its respective directors, officers, trustees, employees, and volunteers 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: _____

For Volunteers ³ :	
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.	
Volunteer's Signature: _____	Date: _____
Email: _____	Phone: _____

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.