

CHILD'S LAST NAME \_\_\_\_\_

**Saint Kenneth Parish**  
**Children's Faith Formation Program (CFP) 2019-2020**  
**Grades K-5**

**Parent information**

Mother's name \_\_\_\_\_ phone # \_\_\_\_\_

E-mail \_\_\_\_\_ (e-mail will be put into Flocknote) **PLEASE PRINT CLEARLY**

Father's name \_\_\_\_\_ phone # \_\_\_\_\_

E-mail \_\_\_\_\_ (e-mail will be put into Flocknote) **PLEASE PRINT CLEARLY**

Home Address \_\_\_\_\_

**Class Registration: Monday 5-6:15  Tuesday 5-6:15**

**Student 1** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade in fall 2019 \_\_\_\_\_ School Name \_\_\_\_\_

Please list any medical conditions, food allergies, physical limitations and or academic challenges below:

\_\_\_\_\_

**Student 2** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade in fall 2019 \_\_\_\_\_ School Name \_\_\_\_\_

Please list any medical conditions, food allergies, physical limitations and or academic challenges below:

\_\_\_\_\_

**Tuition: \$80 per child (Please make checks payable to Saint Kenneth Faith Formation)**

**IMPORTANT: Your family must be registered in the parish**

**Photo Permission:** I release Saint Kenneth parish of any and all liability and give permission to have pictures of my family/child on the Saint Kenneth web-site and in the church bulletin: Yes  No

**Emergency contact: Name \_\_\_\_\_ Phone number \_\_\_\_\_ Relationship \_\_\_\_\_**

**Parent Signature \_\_\_\_\_ Date \_\_\_\_\_**

**If you have a child making their FIRST COMMUNION OR RECONCILIATION this year please fill out the separate registration forms needed for each SACRAMENT. (In addition to this class form)**

**Please fill out the REQUIRED Medical Release Form on the back of this registration form.**

**If you are interested in volunteering for the 2019/2020 school year, please fill out and return the attached form. Thank You!**

**Office Use: Date \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check/Cash \_\_\_\_\_**

# MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. 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: \_\_\_\_\_

Emergency Phone(s): \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_ City: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Data:

Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice 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)

## VOLUNTEER OPPORTUNITIES FOR THE 2019/2020 RELIGIOUS EDUCATION YEAR

If you are interested in Volunteering for CFP please let us know by filling out and returning this form.

Please return this form by the end of July so that we can plan accordingly for the 2019/2020 Religious Education year.

Our CFP program runs Monday's and Tuesday's 5:00pm-6:15pm, we ask that our volunteers arrive by 4:50 to prepare for class. Grades K-5.

Please mark below whichever you may be interested in, if you have a preference for a certain day please add that below as well:

- CATECHIST – GRADE \_\_\_\_\_ (if preference)
- ASSISTANT CATECHIST – GRADE \_\_\_\_\_ (if preference)
- SUBSTITUTE CATECHIST – GRADE \_\_\_\_\_ (if preference)
- HALL MONITOR
- NURSERY

ALL Volunteers **must** complete a Back Ground Check; at Saint Kenneth Parish we do Annual Back Ground Checks. You only need to complete one per year for all volunteering within this Parish. You will also need “Protecting God’s Children” this is a onetime/one day class; if you need information on one in the area please contact me (resupport@stkenneth.org) so that I can get a list to you.