

High School Faith Formation

2019-2020

Our Lady Help of Christians



September	22	Confirmation retreat 2:00 at Litchfield Confirmation practice 5:00 potluck dinner to follow
September	29	Confirmation Litchfield 2:00
October	20	Culture Project 10:30-2:00 St Martin of Tours
November	10	8:30-11:00 Lodi
November	17	Culture Project 10:30-2:00 St Martin of Tours
November	21-24	NCYC
December	15	8:30-11:00 Lodi
January	12	Culture Project 10:30-2:00 St Martin of Tours
January	26	8:30-11:00 Lodi
February	2	8:30-11:00 Lodi
February	16	8:30-11:00 Lodi
March	8	Culture Project 10:30-2:00 St Martin of Tours
March	22	8:30-11:00 Lodi
April	<i>TBD</i>	<i>road trip</i>

If you have any questions please feel free to call office 330-722-1180, my cell 440-336-4983

or email me at Lisa@OLHC-parish.com



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Our Lady Help of Christians Registration Form



All Teens are encouraged to register High School Faith Formation. This will ensure that the teens will receive information regarding events and other get-togethers along other opportunities such as retreats, diocesan events, and service projects. Please complete this form and return it to the parish office or e-mail to Lisa@OLHC-parish.com

Teen Name: _____ cell #

Teen E-mail: _____

Age: _____ Birth date: _____

High School Attending: _____

Grade: _____

Parent(s):

Address:

Cell #: _____

Parent E-mail: _____

Are you interested in getting involved in our Youth Ministry program? YES NO

Would you be willing to help transport teens: YES NO

\$20 per child please make checks out to Our Lady Help of Christians

Emergency Medical Authorization Form

Our Lady Help of Christians 2019-2020

Child's Name _____ Gender M / F Grade _____ Age _____

Parent/Guardian Names _____

Birth Date _____ Home Phone _____ cell _____

Address _____ City _____ Zip _____

Hospital of Choice _____ Phone _____

Please list any medical issues/concerns: _____

Please list allergies or sensitivities your child might have to any food, drink, or materials that might be used during class: _____

Are there any activities in which your child may not participate? _____

Please list names and phone numbers of person(s) to call in case of an emergency:

Name _____ Relationship to child _____

Phone _____ Cell _____

Name _____ Relationship to child _____

Phone _____ Cell _____

Part 1 – Grant Consent

In the event reasonable attempts to contact me at the above numbers have been unsuccessful, I hereby grant consent for (1) the administration of any treatment deemed necessary by the above medical professionals, or in the event the designated preferred practitioner or faculty is not available, by another licensed medical practitioner; and (2) the transfer of the child to the above named facility or any reasonably accessible hospital. The authorization does not cover any major surgery unless the medical opinions of two (2) other licensed physicians or dentists concur in the necessity for such surgery and concurrence is obtained before surgery performed.

Parent/ Guardian Signature: _____ Date: _____

Part II – Refusal to Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or emergency treatment being required, I wish the Church authorities to take no action or to:

Parent / Guardian Signature: _____ Date: _____

PHOTO RELEASE AND AUTHORIZATION

I (we) the parent (s) and /or guardian(s) of my minor child _____ Age _____

Do hereby consent and authorize the release, publication, dissemination, distribution, use and/or reproduction of any and all photographs taken of my (our) daughter/ son during her /his participation at Our Lady Help of Christians (OLHC) programs by an employee, agent or representative of OLHC and may be used by OLHC for any purpose determined at its discretion without further notice or any compensation to me or my daughter/son.

Parent(s) / Guardian Signature: _____ Date _____