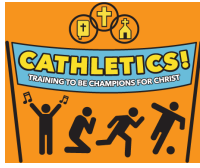


Introducing our new one-stop, one-price, "ALL INCLUSIVE eCat" Registration Form which covers every event, activity, and session for our 1st-6th graders. Here's some of the awesome stuff you'll be getting in our "ALL INCLUSIVE" package:



Vacation Bible School



Catechesis Sessions & Materials



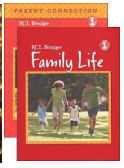
1st Reconciliation
1st Communion



Fall & Winter Retreats



Middle School Youth Rally



Parent Tools
Family Life

Please note: 1) the registration form must be totally complete, 2) supporting documentation must be submitted, and 3) payment or payment arrangements must be made prior to assigning your child to a specific session date or time.

FAMILY

Are you a registered parishioner?

Family Name: _____ Yes No

If this is the first time enrolling for Religious Formation at SJN, you must be a "registered" parishioner. Please register with the SJN Front Office before attempting to enroll your child[ren]. Thank you!

Mailing Address: _____ City: _____ Zip: _____

Home Phone #: (____) _____ Family Email: _____

Mass time(s) that your family regularly attends: SAT @ 4:30 or SUN @ 8:30 @10:30 @ 12:30 @ 6:00

FATHER

First Name: _____ Nick Name: _____ Last Name: _____
(Only if different than "Family Name")

Cell Phone #: (____) _____ Email: _____

Religion: _____ Sacraments Received: None Baptism Eucharist Confirmation

List any Adult Faith Formation Program (i.e., Alpha, Men's Prayer Breakfast, Bible Study, etc. that you've attended. _____

List any parish ministries, groups, or committees, etc. that you have been involved in. _____

Would you like to learn more about the many opportunities to support our young people? YES Not Yet

MOTHER

First Name: _____ Nick Name: _____ Last Name: _____
(Only if different than "Family Name")

Cell Phone #: (____) _____ Email: _____

Religion: _____ Sacraments Received: None Baptism Eucharist Confirmation

List any Adult Faith Formation Program (i.e., Women's Spirituality, Alpha, Bible Study, etc. that you've attended. _____

List any parish ministries, groups, or committees, etc. that you have been involved in. _____

Would you like to learn more about the many opportunities to support our young people? YES Not Yet

Welcome to Page 2 of the 2019-20 “eCat”(Religious Formation) Registration Form!

Another new addition to our form that is very important is the “Other” section found below. We know that when juggling schedules, needing to be in two (or more) places at the same time, or just dealing with life, you enlist the help of others to get your sons and daughters to their “eCat” (e.g., Religious Formation) activities. This is often a grandparent, other family member, neighbor, or another trusted adult. We view these folks as essential personnel, and it is our intent to communicate with the “others” you designate as those needing regular updates to help keep your kids moving to the right place at the right time.

OTHER #1	First Name: _____ Nick Name: _____ Last Name: _____ <small>(Only if different than “Family Name”)</small>
	Cell Phone #: (____) _____ Email: _____
	Relationship to Child[ren]: _____ Please notify the person you have listed as “Other #1” and let them know you have given SJN their contact info and that they will be receiving communication directly from us.

How many children do you have? Age 0-3 Years Age 4-Grade K Grade 1-6 Grade 7-8 Grade 9-12

CHILD #1	First Name: _____ Nick Name: _____ Last Name: _____ <small>(Only if different than “Family Name”)</small>
	Age: _____ Date of Birth: _____ Gender: M <input type="checkbox"/> F <input type="checkbox"/> School: _____
	Sacraments Child #1 Has Received: None <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Where Received? SJN <input type="checkbox"/> Other <input type="checkbox"/>
	If Not SJN, List Parish, City, and State: _____
	Grade: _____ I want to enroll Child #1 in: eCat Session: (GRADES 1-6) SUN 8:45—10:15 am <input type="checkbox"/> , SUN 10:45am—12:15 pm <input type="checkbox"/> , TUE 5:00—6:30 pm <input type="checkbox"/> eCat Session: (GRADES 1-4 ONLY) MON 5:00—6:30 <input type="checkbox"/> All Inclusive Fee: \$150 Per Child eCat Session: (GRADES 5-6 ONLY) MON 6:30—8:00 <input type="checkbox"/>
	If Child #1 is in Grade 2 (or Older if they need to receive First Reconciliation / First Eucharist), Choose the “Blessed” Sacramental Preparation Session You Desire: SUN 4:15—5:45 <input type="checkbox"/> or THU 5:15—6:45 <input type="checkbox"/>
	T-Shirt Size (Children’s Sizes for Vacation Bible School): S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL

CHILD #2	First Name: _____ Nick Name: _____ Last Name: _____ <small>(Only if different than “Family Name”)</small>
	Age: _____ Date of Birth: _____ Gender: M <input type="checkbox"/> F <input type="checkbox"/> School: _____
	Sacraments Child #2 Has Received: None <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Where Received? SJN <input type="checkbox"/> Other <input type="checkbox"/>
	If Not SJN, List Parish, City, and State: _____
	Grade: _____ I want to enroll Child #2 in: eCat Session: (GRADES 1-6) SUN 8:45—10:15 am <input type="checkbox"/> , SUN 10:45am—12:15 pm <input type="checkbox"/> , TUE 5:00—6:30 pm <input type="checkbox"/> eCat Session: (GRADES 1-4 ONLY) MON 5:00—6:30 <input type="checkbox"/> All Inclusive Fee: \$150 Per Child eCat Session: (GRADES 5-6 ONLY) MON 6:30—8:00 <input type="checkbox"/>
	If Child #2 is in Grade 2 (or Older if they need to receive First Reconciliation / First Eucharist), Choose the “Blessed” Sacramental Preparation Session You Desire: SUN 4:15—5:45 <input type="checkbox"/> or THU 5:15—6:45 <input type="checkbox"/>
	T-Shirt Size (Children’s Sizes for Vacation Bible School): S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL

If you need to add additional children or “Others,” please make a copy of this page or contact the Office

Religious Formation
Page 2





CHOSEN

YOUR JOURNEY TOWARD CONFIRMATION

Tuition and Fees

Grade 7: \$150 per student - Includes formation and Chosen Retreat fees only
 Grade 8: \$200 per student - Includes formation, Chosen Retreat and Confirmation fees only

CHILD #1

First Name: _____ Nick Name: _____ Last Name: _____
(Only if different than "Family Name")

Age: _____ Date of Birth: _____ Gender: M F School: _____

Sacraments Child #1 Has Received: None Baptism Eucharist Where Received? SJN Other

If Not SJN, List Parish, City, and State: _____

Grade: _____

I want to enroll Child #1 in:
Chosen Session: (GRADES 7-8) SUN 7:15—8:45 pm , MON 6:30—8:00 pm

If grade 8, is your child seeking the Sacrament of Confirmation this year? Yes No

CHILD #2

First Name: _____ Nick Name: _____ Last Name: _____
(Only if different than "Family Name")

Age: _____ Date of Birth: _____ Gender: M F School: _____

Sacraments Child #1 Has Received: None Baptism Eucharist Where Received? SJN Other

If Not SJN, List Parish, City, and State: _____

Grade: _____

I want to enroll Child #1 in:
Chosen Session: (GRADES 7-8) SUN 7:15—8:45 pm , MON 6:30—8:00 pm

If grade 8, is your child seeking the Sacrament of Confirmation this year? Yes No

If you need to add additional children or "Others," please make a copy of this page or contact the Religious Formation Office



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: *General and Emergency Treatment* **Emergency Phone #:** _____

Address of Minor: _____ **City:** _____ **Zip:** _____

Family Physician: _____ **Physician Phone #:** _____

Physician Address: _____ **City:** _____ **Zip:** _____

List All Allergies, Medications, and Other Pertinent Information/Comments: _____

Health Insurance Company: _____ **Policy #:** _____

Group #: _____ **Contact:** _____

I further authorize the person the person who presents the minor to sign the Acknowledgement of Receipt of Notice of 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.

Signed: _____ **Print Name:** _____ **Date:** _____

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: *General and Emergency Treatment* **Emergency Phone #:** _____

Address of Minor: _____ **City:** _____ **Zip:** _____

Family Physician: _____ **Physician Phone #:** _____

Physician Address: _____ **City:** _____ **Zip:** _____

List All Allergies, Medications, and Other Pertinent Information/Comments: _____

Health Insurance Company: _____ **Policy #:** _____

Group #: _____ **Contact:** _____

I further authorize the person the person who presents the minor to sign the Acknowledgement of Receipt of Notice of 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.

Signed: _____ **Print Name:** _____ **Date:** _____



Volunteers Wanted!

We are looking for the following volunteer roles and we hope that you will join our great team of catechists and support volunteers.

If you would like to be involved with weekly faith formation classes as a:

- Grades 1 to 6 catechist
- Grades 1 to 6 class helper
- Kindergarten Story Time helper
- Grades 7 & 8 small group leader
- Grades 7 & 8 retreat chaperone
- Grades 7 & 8 food provider
- Prayer Intercessor

Please provide your name and email address

Name: _____

Email: _____

Phone number: _____



PARENT PERMISSION FORM: “eCat” ENCOUNTER CATECHESIS PROGRAM PARTICIPATION

Dear Parent or Legal Guardian: Your son/daughter is eligible to participate in all parish-sponsored activities to be held at SJN facilities as outlined in the “eCat” 2019-2020 Events Calendar and Schedule. These activities will take place under the guidance and supervision of employees from St. John Neumann Parish.

Name of Event: **All Activities and Events Published in the “eCat” 2019-2020 Events Calendar / Schedule**

Destination/Location: **St. John Neumann, Canton**

Designated Supervisor of Activity/Event: **Tim Flaherty, Religious Formation Director**

Date and Time of Activity/Event: **See Published eCat 2019-2020 Events Calendar/Schedule and Refer to Assigned Session Times and Location for Each Child**

Method of Transportation: **Parents, Guardians, or Their Designated Drivers Pick Up and Drop Off**

If you would like your child to participate in these events and activities, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

***** **STATEMENT OF CONSENT** *****

I hereby consent to participation by my child[ren], _____ in the events described above. I understand that these events will take place at St. John Neumann parish grounds and that my child will be under the supervision of the designated parish employee(s) on the stated dates and times. I further consent to the conditions stated above on participation in this event, including the method of transportation. In consideration of my child being allowed to participate in these events/activities, I acknowledge that my child’s photo or image via video may be taken and posted (without names) in the parish bulletin and/or website. I also acknowledge that as part of the Archdiocese’s Safe Environments initiative *Circle of Grace* is given to our students to teach them on awareness of respectful boundaries and appropriate Catholic Code of Conduct. I hereby agree on behalf of myself and my child, to release St. John Neumann Parish, the Roman Catholic Archdiocese of Detroit, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively “Releasees”), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child’s participation. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child’s participation. This release of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

_____ (Print Parent’s Name) _____ (Parent’s Signature) _____ (Date)

IN CASE OF EMERGENCY

Every person on the SJN Religious Formation Team is dedicated to ensuring the safety and security of every child during every activity/event. We take seriously the fact that you have entrusted your child[ren] to our care from the time they arrive until the time they’re picked up.

Sometimes, though, things do happen. In case there’s an incident or injury involving your child, please know the following two (2) actions will occur while your son or daughter is being evaluated and cared for:

- 1.) We will contact everyone of the contacts you have provided, and
- 2.) An Incident/Injury Form will be completed and on file.

OFFICE USE ONLY

B _____

P _____

C _____

Check # _____ **Date** _____

**Thank you for completing and submitting your registration form. Remember, we’re here for you!
Please contact us any time. Email Us: sjnre@sjncanton.org OR Call Us: (734) 455-5986**