



CFF & Youth Ministry Programs of Holy Family Parish
2017-2018 Family Registration Form

For Office Use Only:
Date/Time Rec'd & By

Instructions: Please....

- complete all sections of the registration form.
- class notifications are sent in late September
- include a check for tuition and book fee, made payable to Holy Family Parish or by using PayPal on our website (see p. 4). Volunteers: See Volunteer descriptions for discounts.
- submit your registration and tuition by Sept. 15 by mail in person to the CFF office by email to mkrell@holyfamilycaledonia.org faxing to 891-1346

FAMILY INFORMATION

Are you currently registered and attending Mass at Holy Family? Yes No (If not registered and you would like to join, please contact the Parish Office.) (If you are not a member, and/or not attending Mass here, please use appropriate tuition scale found on pg.4)

Family's Last Name	Best Contact Phone #	Street Address	City	State	ZIP
Father's Name	Religion	Occupation & Employer	May we call you <input type="checkbox"/> work <input type="checkbox"/> cell	Father's work #	Father's cell #
Mother's Name	Religion	Occupation & Employer	May we call you <input type="checkbox"/> work <input type="checkbox"/> cell	Mother's work #	Mother's cell #

We communicate by email. Please provide your email here:

RELEASES, AUTHORIZATIONS & COMMITMENTS

Parent/Guardian: Initial only those statements with which you agree, understand or grant permission.

- As legal guardian, I give permission for my child/ren to participate in the CFF/Youth Ministry programs.
- Regarding Holy Family Parish CFF/Youth Ministry using photographs or videos of my child/ren or family for publicity and promotion of the programs, I, the legal guardian, give permission as long as my child/ren's name/s are not used. I understand there will be no remuneration for such use.
- As legal guardian, I understand that I or other authorized person must enter the building to drop off and pick up my grade Pre-K-5 child/ren at their classroom/s.
- I understand that by enrolling my family to participate in CFF/Youth Ministry programs, I am committing myself to participate actively in the program by:
- participating in Mass weekly
 - becoming familiar with the programs
 - sharing my time and talent with the programs
 - ensuring my child/ren's regular attendance
 - attending parent meetings
 - reinforcing my child/ren's faith learning at home
- As legal guardian, I do not authorize the following person/s to have contact with my child/ren due to a court document (attach copy of document). Person/s: _____
- HIGH SCHOOL ONLY:** As legal guardian, I grant Whitney Pastrano, Coordinator of Youth Ministry, permission to use email, Facebook page, Twitter, Instagram and Remind Texting with my High School child. High School Child's name and email address below:
- _____
- _____

Parent/Legal Guardian Signature _____ Parent/Legal Guardian Name Printed _____ Date _____

Divorced/Separated Family Situations Only:

•What is the custody arrangement? Sole-Mother Sole-Father Joint Legal Joint Physical Other

•To whom should we send email? (if both, please mark both Mother and Father)

Mother only email: _____ Phone #: _____

Father only email: _____ Phone #: _____

•For student absence call, whom should we contact? Mother Father



EARLY CHILDHOOD / ELEMENTARY :										
Child's First Name (& last name if different than family) <i>Include * for special friend/ education (see p.6)</i>	Date of Birth	Gender	Grade Fall 2017	School	Parent/s child lives with:	Learning, Social & Health Concerns: <i>allergies/meds/ADD/ADHD/emotional/reading/learning/dietary/physical</i>	Which Day/ Program? (Mon, Wed, Home, EC9)	Check Sacraments Received (see pg. 5)	Tuition (see p. 4)	Book Fees - 2nd gr Home (see p. 4)
					<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Step <input type="checkbox"/> Grand <input type="checkbox"/> other _____		<input type="checkbox"/> Mon <input type="checkbox"/> Wed <input type="checkbox"/> Home <input type="checkbox"/> EC9	<input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation		
					<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Step <input type="checkbox"/> Grand <input type="checkbox"/> other _____		<input type="checkbox"/> Mon <input type="checkbox"/> Wed <input type="checkbox"/> Home <input type="checkbox"/> EC9	<input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation		
					<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Step <input type="checkbox"/> Grand <input type="checkbox"/> other _____		<input type="checkbox"/> Mon <input type="checkbox"/> Wed <input type="checkbox"/> Home <input type="checkbox"/> EC9	<input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation		

MIDDLE SCHOOL :											
Child's First Name (& last name if different than family) <i>Include * for special friend/ education (see p.6)</i>	Date of Birth	Gender	Grade Fall 2017	School	Parent/s child lives with:	Learning, Social & Health Concerns: <i>allergies/meds/ADD/ADHD/emotional/reading/learning/dietary/physical</i>	Day	Check Sacraments Received (see pg. 5)	T-shirt Size (Adult Sizes)	Tuition (see p. 4)	Book Fees - 6th gr Home (see p. 4)
					<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Step <input type="checkbox"/> Grand <input type="checkbox"/> Other _____		<input type="checkbox"/> Sun <input type="checkbox"/> Home	<input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		
					<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Step <input type="checkbox"/> Grand <input type="checkbox"/> Other _____		<input type="checkbox"/> Sun <input type="checkbox"/> Home	<input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		

HIGH SCHOOL :										
Child's First Name (& last name if different than family) <i>Include * for special friend/ education (see p.6)</i>	Date of Birth	Gender	Grade Fall 2017	School	Parent/s child lives with:	Learning, Social & Health Concerns: <i>allergies/meds/ADD/ADHD/emotional/reading/learning/dietary/physical</i>	Check Sacraments Received (see pg. 5)	T-shirt Size (Adult Sizes)	Tuition (see p. 4)	Book Fee (see p. 4)
					<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Step <input type="checkbox"/> Grand <input type="checkbox"/> other _____		<input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		
					<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Step <input type="checkbox"/> Grand <input type="checkbox"/> other _____		<input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		

Financial Hardship Statement:

Tuition is a financial hardship for our family at this time; therefore, (check one):

- Please find a check enclosed for the amount we are able to give toward the religious education of our children this year.
- Due to financial hardship, please waive our CFF tuition this year.
- Please contact me to discuss alternative arrangements (extended deadline, installments, fee reduction, extra volunteering in exchange for payment), etc.

Tuition Subtotal :	\$ _____
Tuition Discount: _____%	\$ (_____)
Book Fee:	\$ _____
Total Due:	\$ _____

CFF Office Use Only (Amt. rec'd & type)



TIME & TALENT / Volunteers

1. Our program requests at least one volunteer from each registered family.
2. Prayerfully consider which volunteer position best fits your gifts and schedule. For brief descriptions of volunteer positions, see the program descriptions in the registration packet.
3. Please write your name next to the position selected. More than one volunteer per family is encouraged. Mark more than one grade if flexible.
4. Complete the information to the right of the position.
5. You will be contacted by a program coordinator about your interest/s.

**Mark
Your
Calendars**

Formation and Training dates:
See your grade level for training dates and times details

Catechists/Aides & Core Team - Another Formation Opportunity
Catechetical Conference
September 30 at West Catholic High School

Volunteer Name ↓	Teaching/Classroom Positions See tuition discount (see p. 10, 12, 14)			
	Catechist (teacher) or Middle/High School Core Team Presenter	Day: Sun <input type="checkbox"/> Mon <input type="checkbox"/> Wed <input type="checkbox"/>	Grade: <input type="checkbox"/> Special Education <input type="checkbox"/> K <input type="checkbox"/> 1st <input type="checkbox"/> 2nd/Eucharist <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <i>EL only:</i> Place my child in my class <input type="checkbox"/> Yes <input type="checkbox"/> No Middle School: <input type="checkbox"/> Core Presenter (6th) <input type="checkbox"/> Core Presenter (7th) <input type="checkbox"/> Core Presenter (8th) <input type="checkbox"/> High School Core Presenter	
	Aide or MS/HS School Core Team-Group Leader	Day: Sun <input type="checkbox"/> Mon <input type="checkbox"/> Wed <input type="checkbox"/>	Grade: <input type="checkbox"/> Special Education <input type="checkbox"/> K <input type="checkbox"/> 1st <input type="checkbox"/> 2nd/Eucharist <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <i>EL only:</i> Place my child in my class <input type="checkbox"/> Yes <input type="checkbox"/> No Middle School Core Group Leader for <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> High School Core Group Leader	
	Substitute Catechist/Aide or Core Group Lead	Day: <input type="checkbox"/> Sunday (Middle School or High School) <input type="checkbox"/> Monday (Elementary) <input type="checkbox"/> Wednesday (Elementary)		
Volunteer Name ↓	Support Positions See tuition discount (see p. 10, 12, 14)		Volunteer Name ↓	Support Positions
	Program Support <input type="checkbox"/> Safety Patrol <input type="checkbox"/> EL Childcare <input type="checkbox"/> EL Gym <input type="checkbox"/>	Day: Sun <input type="checkbox"/> Mon <input type="checkbox"/> Wed <input type="checkbox"/>		Sub Support Volunteer (non-teaching positions) Day: Sun <input type="checkbox"/> Mon <input type="checkbox"/> Wed <input type="checkbox"/>
	Special Friend/Helper	Day: Sun <input type="checkbox"/> Mon <input type="checkbox"/> Wed <input type="checkbox"/>		



Diocese of Grand Rapids / Holy Family Parish
******STATEMENT OF MEDICAL RELEASE ******



ALL FAMILIES must complete this form, including any child from early childhood through high school who may register for any Holy Family program or event and is still under parents/guardians' medical insurance.

FAMILY MEDICAL RELEASE INFORMATION				
Family's Last Name	Best Contact Phone #	Street Address	City	State ZIP
Father's Name	Father's work # Father's cell #	Mother's Name	Mother's work # Mother's cell #	
Health Insurance Company:	Group #:	Policy #:	Contact Person: (Only if Ins. Co. requires)	
Family Physician:	Phone:	Address		
In case of emergency, parents will be called first. If you are unavailable, please name an adult who will assume responsibility for your child (include phone): Emergency Contact Name: _____ Emergency Phone #: _____				
If divorced, who is custodial parent? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____				
Full Name of Child	Date of Birth	Gender	Grade Fall 2017	Learning, Social & Health Concerns: <i>allergies/meds/ADD/ADHD/emotional/reading/ learning/dietary/physical</i>
1)				
2)				
3)				
4)				
5)				
6)				
7)				

To Whom It May Concern:

As a parent/guardian, I do hereby authorize first aid/medical treatment of my child/ren listed above in the event of an emergency which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to reach me as soon as reasonably possible. In the event that the aforementioned requires my authorization for treatment and I cannot be reached in an emergency, I hereby give my permission to the *physician* selected by the activity leader to secure medical treatment for the aforementioned as deemed necessary. I understand all reasonable safety precautions will be taken at all times by the parish and its agents during Faith Formation/Youth Ministry programs. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Holy Family Parish, Caledonia, its leaders, employees, drivers, volunteers, or the Roman Catholic Diocese of Grand Rapids liable for damages, losses, diseases, or injuries incurred by the aforementioned.

Parent/Guardian signature: _____

(This form will be kept on file into the Fall of 2018)