

**Monroe Catholic Faith Formation
2019 – 2020**

St. John ~ St. Mary ~ St. Michael

Mail form to: St. Mary Faith Formation Office
127 N. Monroe St., Monroe, MI, 48162

Before August 15, 2019

Student Fees for 3yr – 8th grade:

One Child \$100
Two Children \$135
Three or More Children \$160

**Make checks payable to
YOUR parish.**

(confidential financial assistance
available upon request.)

The Program my child/children/family will be attending:

- ◇ **Traditional Classes on Monday Evening** at MCES St. Mary Middle School 6—7:15pm (weekly)
- ◇ **Traditional Classes on Sunday Morning** at MCES St. Mary Middle School 11:30am—12:45pm (weekly)

Family Last Name: _____

Parish: _____

Address: _____ City: _____ Zip: _____

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____

Primary Phone: _____ Primary Email: _____

◇ Another parent/guardian's information is listed on the back of this form

Child's Name	Birthdate	Grade	School they attend	Baptism ✓	First Eucharist ✓	Confirmation ✓

Please specify any special needs such as medication, learning disabilities, etc.	Where did your children attend faith formation last year?

MEDICAL TREATMENT AUTHORIZATION

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.

Physician Name: _____

Physician Phone: _____

Health Insurance Date: _____

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who represents 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: X _____
(parent or legal guardian)

For someone not listed on the front of this form:



Please send program information to the following person:

Name: _____

Address: _____

City: _____ Zip: _____

Email: _____

AUTHORIZATION TO USE STUDENT IMAGES

1. St. John the Baptist, St. Mary of the Immaculate Conception and St. Michael the Archangel Churches of Monroe engages in various correspondence with parents, catechists, and members of the faith community regarding religious education including maintaining a website on the internet; maintaining a Facebook page, publishing a parish bulletin or brochure; publishing articles in community newsletters and occasional videos at parish functions.
2. Parents and the legal guardians of the child, or children identified on this form are students at these parishes.
3. Parents authorize these parishes to use, display, adapt, copy, modify, and post any images, now or in the future, as the faith formation program deems appropriate in publications.
4. Parents understand and agree that there will be no compensation of any kind provided to parents or students by these parishes or their faith formation departments, or by any third party, for the images for this authorization and rights granted to the faith formation departments by the parents.
5. Parents or students may cancel this authorization at any time by giving written notice.
6. The faith formation departments will not be liable to the parents and or the students regardless of the form of action or theory of recovery, for any direct, indirect, incidental, consequential, special, punitive, or exemplary damages in connection with, or in a way relation to, this authorization document.
7. Parents have read and understand this authorization and have made this authorization based solely on their judgment and not any representation or promises of these parishes. This authorization constitutes the entire agreement with respect to the parishes use of the images. This authorization may be amended or supplemented only by a written notice.

X _____ date: _____
Parent of legal guardian date

◇ I do not want my child's photo published at all.

X _____ date: _____
Parent of legal guardian date

OFFICE USE ONLY: (Make checks payable to *YOUR* parish)

Total due: \$ _____ Amt. Paid: \$ _____

◇ Cash

◇ Check # _____ Date: _____

◇ **Requesting Monthly Payments and/or assistance (Confidential)**

Received by: _____ Date: _____