

**CATHOLIC FORMATION
REGISTRATION STATEMENT
2011-2012**

Please return form by September 1, 2011

Parents Last Name:

Parents First Name:

Address:

City:

Zip:

Phone Number#:

Cell Number#:

Registered Parish (circle one)

IC

SP

Email:

Child's First Name: Sacrament: Session: Allergies/special needs: _____	Child's Last Name: Grade: Fee: Child's First Name: Sacrament: Session: Allergies/special needs: _____
Child's First Name: Sacrament: Session: Allergies/special needs: _____	Child's Last Name: Grade: Fee: Child's First Name: Sacrament: Session: Allergies/special needs: _____
Child's First Name: Sacrament: Session: Allergies/special needs: _____	Child's Last Name: Grade: Fee: Child's First Name: Sacrament: Session: Allergies/special needs: _____

Emergency Contact Information:

Name: _____
 Telephone number: (____) _____ - _____

Total Amount Due:

Program level fees:

Grade K:	\$40
Grades 1-5:	\$60
Grades 6-11	\$70
Home school	\$30
10 th Grade Bible Fee	\$20

Make checks payable to: I.C.

I am willing to be a **catechist / leader**. Grade _____ (full tuition waived)
 I am willing to be an **catechist / aide**. Grade _____ (1/2 tuition waived)
 I am willing to be a substitute.
 I am **home schooling** my child(ren) (if not a sacrament year) you would like to be contacted to receive a book.
 I choose not to send my child(ren) this year.
 My child(ren) will be attending St. Mary's School.
 Other: _____

OTHER SIBLINGS NOT REGISTERED (under age 18):

Name	Date of Birth	Grade/Sept. 2010
_____	_____	_____
_____	_____	_____

OFFICE USE ONLY

Amount \$ _____ Check # _____ Cash _____ Date of Deposit: _____
 Paid in full
 Payment schedule preferred upon approval: 50% in August _____ 50% in January _____

Please complete the back side of this form.
Thanks

Youth Image and Likeness Release

The Diocese of Superior and its affiliated parishes and schools may wish to use an image of your child in both print and electronic publicity. It is the practice of the Diocese of Superior to protect all children at all times including the public use of their images. This document has been developed to inform parents and guardians of their right to grant or refuse permission for their child's image and likeness to be used in Diocesan and affiliated parish and school media and promotional materials.

Permission to use any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which your child may appear may include promotional activities such as, but not limited to, websites, social media sites, newsprint, flyers or brochures. We reserve the right to determine which image and likeness is used and how long it will remain on the site or is used in media materials.

Please carefully read the statements below. Indicate your permission or refusal of permission by signing and dating the appropriate statement.

YES, I give permission to the Diocese of Superior and affiliated parishes and schools to use my child's image and likeness for above-said use.

NO, I do not give permission to the Diocese of Superior and affiliated parishes to use my child's image and likeness for above-said use.

Child's name _____

Child's name _____

Child's name _____

I understand that both print and electronic media have a very large audience and that my child(ren)'s photographic image may have an extremely wide distribution.

Parent/Guardian

Signature _____

Date _____

Safe and Sacred Release

During the month of October all students in grades K – 11th will participate in safe and sacred training. Each grade level has been assigned a date for the lesson. Please read and sign the form below. If you choose not to have your child participated, we ask that you keep your child at home for that evening.

Participation in the CF "Safe and Sacred" program will be held on October 19, 2011

YES, I give permission and would like my child to participate in the Creating Safe and Sacred Places program..

NO, I do not give permission and do not want my child to participate in the Creating Safe and Sacred Places program.

Child's name _____

Child's name _____

Child's name _____

Parent/Guardian

Signature _____

Date _____

If you have any questions or concerns, please feel free to contact the CF office at 715-246-4652. Thank you