

**FAITH FORMATION
REGISTRATION 2017-18**

Sessions for Faith Formation will **begin September 17, 2017**. They will be held **on Sundays from 9:45-10:45** in the modular, hall and church buildings for children Kst-5th grade. Sixth thru Eighth graders are encouraged to participate in the morning Middle School youth group with Kelsie in the Luke Module.

Please note this document is two-sided.

Family Information – Please print:

Parents _____

Address _____

Phone _____ cell# _____ Email address _____

Registered at Shepherd of the Valley ___yes ___no

Please write each child's name next to the class they are registering for. **Also, please note any food allergies.**

Kindergartner _____ Third Grader _____

First Grader _____ Fourth Grader _____

Second Grader _____ Fifth Grader _____

Middle Schoolers -No fee (6th, 7th, 8th) _____

K thru 5th: \$50.00 for one child, \$35.00 for the second child, \$30.00 for each subsequent child. Please fill out ONE form per family. No one will be denied participation due to an inability to pay. If a scholarship is needed, contact Joyce Marks in the parish office (664-1050x107) or email joyce@shepherdatholic.com

EMERGENCY CONTACT INFORMATION

In the event of an emergency (911) during class time, please contact the following person(s) in order as listed:

1)Name _____ Relationship to child _____

Best number(s) to contact _____

2)Name _____ Relationship to child _____

Best number(s) to contact _____

Other instructions _____

Take Student to Nearest Emergency Hospital _____

Is child presently on medications? ___Yes ___No if so, state name, dosage, reason for drug and prescription physician _____

Any recent surgery, illness or info you think medical personnel should know about your child _____

Name of Medical Insurance Company _____

Group or I.D. Number _____

I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for my child(ren). I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Signature

Date

PICK-UP PERMISSION

This is authorization that my child/children, _____,

may be picked up from Religious Education class by the following person(s):

Name _____ Relationship _____

Contact # _____

Name _____ Relationship _____

Contact # _____

Other important information (I.E. restraining orders, etc.) that we should be aware of

If any of this information should change during the school year, please notify us with the appropriate changes.



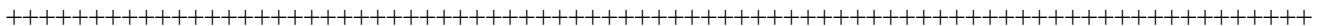
PERMISSION TO PHOTOGRAPH MY CHILD/CHILDREN

This is a permission form for Shepherd of the Valley Catholic Church’s agents (volunteers who are assigned to take pictures at various events) to photograph your child during the R.E. classes/events and Family Events/activities to show others what we do here at our church, via our bulletin board or parish website/Facebook that is maintained by Fr. Mike Walker.

I, _____ (Name of Parent/Guardian) give permission for Shepherd of the Valley to photograph (Print Child’s Name(s):

- For the end of year Power Point slide show (Circle Yes or No)
- For Fr. Ben to put on Church Website/Facebook (Circle Yes or No)
- To share on the church Bulletin Board (Circle Yes or No)

Parent Signature _____ **Date** _____



We want your child to enjoy their time at Shepherd of the Valley and feel welcome here. Is there anything you think we should be aware of that would help us better teach your child this year, or any challenges he/she is having that you think we should know about: _____

For office use:

Fee Paid Yes _____ No _____ Cash/Chk # _____ Scholarship _____