

**FAITH FORMATION  
REGISTRATION 2018-19**

Sessions for Faith Formation will **begin September 9th, 2018**. They will be held **on Sundays from 9:45-10:45** in the modular, hall and church buildings for children K<sup>st</sup>-5<sup>th</sup> 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.**

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**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 (6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>) \_\_\_\_\_

*K thru 5<sup>th</sup>: \$50.00 for one child, \$35.00 for the second child, and \$30 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](mailto: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.

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**Parent/Guardian Signature**

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**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**

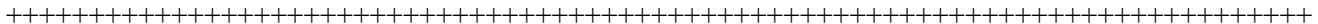
This is a permission form for Shepherd of the Valley Catholic Church’s agents (volunteers who are assigned to take pictures at various events) to photograph your child during the R.E. classes/events and Family Events/activities to show others what we do here at our church, via our bulletin board or parish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

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 \_\_\_\_\_