



St. Rita Parish

309 E. Maple Street
Holly, MI 48442

Rectory Office
(248) 634-4841

Learning Center
Religious Formation
(248) 634-1658

August 2015

Greetings to all Parents. It's Registration time again! Complete all the forms with the appropriate information for each child registering for Religious Education. Please return form and payment in the enclosed self-addressed envelope provided or place in the weekend collection by October 4th. Early Registration is encouraged. In solidarity with our community and as a reflection of our local economy, we at St. Rita have not changed the cost of the program for this year. It remains at \$30 for each child with an additional \$20 supply fee per Sacrament year. (If your child is not receiving a Sacrament this year the cost is just the initial \$30!) There will be a \$5 fee assessed to any registrations submitted on Monday, October 12 or later.

Feel free to contact me with any questions or concerns at (248) 634-1658 or stritasym@sbcglobal.net

In Christ's Peace,

Shelly Rau
Coordinator of Religious Formation/Youth Ministry



Parent Last Name _____

Father First Name _____ Father Emergency Phone _____

Mother First Name _____ Maiden Name _____

Mother Emergency Phone _____ Home Phone _____

Email _____ Text: _____

Home Address _____

(Use ** to indicate Mailing to individual—not couple)

Is this your first year of formation enrollment at St. Rita? Y N

Registered Parishioner of _____ Parish

Regular Mass attendance is an important part of your child's faith formation. Please indicate frequency of Mass Attendance as a family (Parent and Child together):

Daily
Rarely

Every week
Easter and/or Christmas only

2 times per month

1 time per month

Parent Signature _____ Date _____

Student Name (First, Middle, Last) _____

Birthday _____ Current School _____ Grade Level _____

Sacraments Expected this year: Baptism Reconciliation Eucharist Confirmation

Special Circumstances: _____

Sacramental Record

Baptism Date _____ Place _____ Religion _____

Reconciliation? Y N

Eucharist Date _____ Place _____

Confirmation Date _____ Place _____

Days and Times

High School—Sunday 6PM Mass
7PM-8:30 PM Youth Group

6th-8th— Tuesday 6:30-8:00 PM

Kindergarten—through 5th—Please indicate priority.

Monday 5:30PM _____ Tuesday 6:30PM _____

According to St. Rita policy, all children are required to be signed out by an approved person. Please list below any persons who have permission to release your children from our care.

Due to the location of the Learning Center and Church, students will need to walk 1 block to the Church building to conclude all elementary classes. If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As a parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

***** **STATEMENT OF CONSENT** *****

I hereby consent to participation by my child, _____, in the event described above. Name of event: _____ Walk 1 block from the Learning Center to the Church _____. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I hereby give the right and permission, with respect to photographs and video taken of my child, or in which my child may be included with others, to use, re-use, publish and re-publish the same in whole or in part, severally or in conjunction with other photographs, in any medium and for any purpose whatsoever including illustration, promotion and advertising. I further consent to the conditions stated above on participation in this event, including the method of transportation.

(Print Parent's Name)

(Parent's Signature)

(Date)

MEDICAL TREATMENT AUTHORIZATION FORM

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.

Student's Name: _____ Relationship to you: _____

Address: _____ Phone: _____

Type of activity or school year for which release is intended: _____ 2015-2016 Catechism year _____

PARENTS/LEGAL GUARDIANS

Father	Address	Phone
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Mother	Address	Phone
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Where parents can be reached when not at home:

Father:	Address	Phone
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Mother:	Address	Phone
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Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

List a neighbor or close relative who will assume care of your child if you cannot be reached.

Name: _____ Phone: _____

Address: _____ Relationship: _____

I further authorize the person who presents 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: _____

(Parent or Guardian)