

# ST. JOHN VIANNEY REGISTRATION FORM

## GROWING IN FAITH TOGETHER

Family Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ MI \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

**Father** \_\_\_\_\_

Last First Religion

Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

**Mother** \_\_\_\_\_

Last First Religion

Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

**Guardian** \_\_\_\_\_

Last First Religion

Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Children Live with: \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Please complete a column for each child being registered.

<b>First Names</b>				
<b>Last Names</b>				
<b>Date of Birth</b>				
<b>Sacraments Rec'd yes or need</b>				
<b>Baptism</b>				
<b>Date &amp; Place</b>				
<b>Eucharist</b>				
<b>Date &amp; Place</b>				
<b>Confirmation</b>				
<b>Date &amp; Place</b>				
<b>Grade in Fall</b>				
<b>School Attending</b>				

Do any of the Children have any medical, learning, or social difficulties we should be aware of?

Child

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Child

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Child

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### **Child Custody Issues**

It is the obligation of parents to properly inform the parish/religious education coordinator of limit of access to children, records, or other information regarding non-custodial parents.

Custodial parents and legal guardians are recognized by the parish/religious education coordinator as the primary decision-makers for their children. Legal documentation regarding custody and visitation shall be provided to the parish/religious education coordinator by the custodial parent(s) or legal guardian(s) at the time of registration. The parish/religious education coordinator shall be notified immediately regarding any changes to custodial provisions.

Parent or Guardian Signature \_\_\_\_\_

Circle:

- 1. We have no custodial issues.**
- 2. There are custodial issues. Please explain as needed.**

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**DIOCESE OF SAGINAW  
MEDICAL TREATMENT AUTHORIZATION**

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by 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.

Name of Minor: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Reason for which release is intended: Religious Education—G.I.F.T Class

Address of Minor: \_\_\_\_\_ City: \_\_\_\_\_

Emergency Phone(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_ City: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Data:

Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

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)

\* Valid for one year

## CHILD LURES PREVENTION PROGRAM PERMISSION FORM

The Diocese of Saginaw has mandated the protection of children in our parishes, schools, and religious education programs. One form of protection is age appropriate education. The Diocese of Saginaw has adopted the Child Lures Prevention Program: Safe Environment Education as designed by Ken Wooden to be given by a trained educator over the course of several years from Pre/K 1-2; Grades 3-4-5-6, and Grades 7-8. Sr. Janet Pewoski will lead these presentations. This information appeared on TV on 60 Minutes and Oprah years ago. Parents will be shown a short video of the program if desired. There are brief scenarios on video for grades 3-8 and no video for small pre/k 1-2. We have been using this program for several years now. It teaches children to recognize the 16 tricks predators use to lure them from safety. It teaches them they have rights, rights of privacy and dignity of their own body. It is tastefully presented. This serves as notification of the program and requests your permission to have your child attend.

### **My child/ren have my permission to attend the Child Lures Prevention Classes.**

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **I do not want my child/ren to attend these classes.**

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The dates for specific classes (two per year or one per semester) will be posted on our religious education calendar. You are welcome to quietly sit in the back of a room during a session if you desire.

## MEDIA RELEASE FORM

**St. John Vianney Parish** will not photograph, videotape and/or voicetape individuals in its programs without consent. This form allows you to give permission for your child/children to be photographed, videotaped and/or voicetaped by school personnel and/or area news reporters. Photographs, videotapes and/or voicetapes, when consented to, will only be used for the purposes you specify below.

I, \_\_\_\_\_, hereby **give permission** for the personnel of **St. John Vianney Parish** to photograph, videotape and/or voicetape my child/children (or allow area news reporters to do the same) for purposes of (circle the items that you will allow):

### **1. Public Information for Promotion of St. John Vianney Parish Programs**

### **2. In-Parish Purposes Only**

*This consent must be re-examined and signed each year.*

Parent/Guardian Signature: \_\_\_\_\_

Student Name(s): \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(July 2005)