

ST. JOHN VIANNEY REGISTRATION FORM

GROWING IN FAITH TOGETHER 2020/2021

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.

First Names				
Last Names				
Date of Birth				
Sacraments Rec'd yes or need				
Baptism Date & Place				
Eucharist Date & Place				
Confirmation Date & Place				
Grade in Fall				
School Attending				

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

Child

Child

Child

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.**

DIOCESE OF SAGINAW
MEDICAL TREATMENT AUTHORIZATION
2020-2021

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 2020/2021

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 2020/2021

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)