



**ST. GENEVIEVE PARISH - JR HIGH GOOD SAMARITANS
2017-18 FAMILY REGISTRATION FORM**

OFFICIAL USE ONLY

Date: _____ Fee: \$ _____
 CASH CHECK Check#: _____

Please Print Clearly

FAMILY NAME: _____

CHILD(REN) FIRST NAME(S): _____

SECTION A - PARENT INFORMATION

▪ **Parent Names**

Father's Formal First & Last Name: _____ Living Deceased
 Religion: _____ Nickname: _____

Mother's Formal First & Last Name: _____ Living Deceased
 Religion: _____ Nickname: _____

Mother's Maiden Name: _____

▪ **Phone Numbers**

Father Cell: _____ Mother Cell: _____
 Home: _____

▪ **Additional Information**

▪ **Parental Status** Married Divorced Separated Remarried Single Parent

▪ **Child Lives With...** Parents Mother Father Guardian Step-Parent

▪ **If Applicable: Step-Parent/Guardian Information**

Name: _____
 Phone: _____ Cell Home Other

▪ **Child Custody Concerns**

Does St. Genevieve's need to be aware of any custody/legal concerns?
 NO YES - A copy of the most recent court documents are attached.

SECTION B - FAMILY INFORMATION

▪ **Parish Registration - Is Your Family Registered at St. Genevieve's?**

YES NO - Our Church/Parish is _____ .
 NO - We do not belong to a Church/Parish.

▪ **Mailing Address**

Family Address: _____
 City: _____ State: _____ Zip: _____

▪ **Email Address**

Primary: _____ **(Required)**
 Secondary: _____ **(Optional)**

The **Primary Email** will be used for weather cancellations, program/calendar updates, program/parish information, student assignments, and information concerning sacramental preparation. **It will be the primary means of communication between the program and your family.**

SECTION C - EMERGENCY CONTACT (IF UNABLE TO CONTACT PARENTS/GUARDIANS)

Contact's Name: _____ Relationship to Child(ren): _____
 Primary Phone: _____

SECTION D - CHILD INFORMATION**Child 1 - Basic Information**Child's Formal Name: _____ NickName: _____
First LastBirth Date: _____ Gender: Male FemaleMedical Conditions: NO YES - _____Allergies: NO YES - _____

Day School: _____ Day School Grade for September: _____

Help us provide the best faith formation possible for your child by letting us know about the special circumstances in you child's life that can have an impact in a classroom setting. Does you child receive learning support, take medication on a regular basis, or has your child recently experienced a life altering event (ex: death of a family member, a recent move, divorce, etc.)? NO YES

If "YES" please briefly describe (use extra paper if needed): _____

▪ Child 1 - Sacrament InformationHas your child been Baptised? NO YES - Year / Church: _____ / _____Has your child received Confirmation? NO YES - Year / Church: _____ / _____**Child 2 - Basic Information**Child's Formal Name: _____ NickName: _____
First LastBirth Date: _____ Gender: Male FemaleMedical Conditions: NO YES - _____Allergies: NO YES - _____

Help us provide the best faith formation possible for your child by letting us know about the special circumstances in you child's life that can have an impact in a classroom setting. Does you child receive learning support, take medication on a regular basis, or has your child recently experienced a life altering event (ex: death of a family member, a recent move, divorce, etc.)? NO YES

If "YES" please briefly describe (use extra paper if needed): _____

▪ Child 2 - Sacrament InformationHas your child been Baptised? NO YES - Year / Church: _____ / _____Has your child received Confirmation? NO YES - Year / Church: _____ / _____**SECTION E - GENERAL CLASS INFORMATION**

Meetings will be held October through April twice per month with the following goal: Each month there will be at least one In-House Service Project (following the 10:15 Mass to 12:30pm) as well as one Family Service Opportunity.

SECTION F - SERVICE GROUP FEE (Checks payable to St. Genevieve Parish.)**▪ Service Group Fee**

\$50 For 1 Child

\$50 For Each Additional Child

▪ Fee Calculation

1 Child = \$50

of Additional Children x \$50 = + _____

Service Group Fee = _____

SECTION G - PARENTAL PERMISSIONS + REQUIRED PARENTAL SIGNITURE

PHOTO RELEASE PERMISSION: Do you grant permission for your child's picture to appear on our parish website, bulletin boards, newspaper articles, and/or any social media in relation to events that occur as par of his/her enrollment in PREP? No names will be used to identify children in photo related material. YES NO

CONSENT FOR MEDICAL CARE: I give permission that, in my absence, my children whose names appear on this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Programs and activities at St. Genevieve Parish.

FAMILY/PARISH PARTNERSHIP: We recognize that Jr High Good Samaritan Group is a partnership between the family and parish. We will do our best to bring the Catholic Faith into our home by attending Mass regularly, praying as a family and encouraging our children to integrate their Catholic Faith into their daily lives.

Parent Signature: _____

Date: _____