

Student Fees for 3yr – 8th grade:

One Child \$100  
Two Children \$135  
Three or More Children \$160

Make checks payable to  
**YOUR** parish.

(confidential financial assistance  
available upon request.)

**Monroe Catholic Faith Formation**

**2018 – 2019**

**St. John ~ St. Mary ~ St. Michael**

Mail form to: St. Mary Faith Formation Office

127 N. Monroe St., Monroe, MI, 48162

**Before August 15, 2018**

**The Program my child/children will attend:**

◇ 3 & 4 yr. olds, Kindergarten, and Grades 1–8:  
Monday at MCES St. Mary Middle School 6–  
7:15pm

◇ 3 & 4 yr. olds, Kindergarten, and Grades 1–8:  
Sunday at MCES St. Mary Middle School  
11:30am–12:45pm

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

Parish: \_\_\_\_\_ City: \_\_\_\_\_ Env. #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

◇ Another parent/guardian's information is listed on the back of this form

Child's Name	Birthdate	Grade	School they attend	Date of Baptism	Date of First Eucharist	T-Shirt Size

Please specify any special needs such as medication, learning disabilities, etc.	Where did your children attend faith formation last year?

## MEDICAL TREATMENT AUTHORIZATION

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.

Physician Name: \_\_\_\_\_

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

Health Insurance Date: \_\_\_\_\_

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

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

I further authorize the person who represents 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: X \_\_\_\_\_  
(parent or legal guardian)

**For someone not listed on the front of this form:**



**Please send program information to the following person:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Revised 5/17/18

## AUTHORIZATION TO USE STUDENT IMAGES

1. St. John the Baptist, St. Mary of the Immaculate Conception and St. Michael the Archangel Churches of Monroe engages in various correspondence with parents, catechists, and members of the faith community regarding religious education including maintaining a website on the internet; maintaining a Facebook page, publishing a parish bulletin or brochure; publishing articles in community newsletters and occasional videos at parish functions.
2. Parents and the legal guardians of the child, or children identified on this form are students at these parishes.
3. Parents authorize these parishes to use, display, adapt, copy, modify, and post any images, now or in the future, as the faith formation program deems appropriate in publications.
4. Parents understand and agree that there will be no compensation of any kind provided to parents or students by these parishes or their faith formation departments, or by any third party, for the images for this authorization and rights granted to the faith formation departments by the parents.
5. Parents or students may cancel this authorization at any time by giving written notice.
6. The faith formation departments will not be liable to the parents and or the students regardless of the form of action or theory of recovery, for any direct, indirect, incidental, consequential, special, punitive, or exemplary damages in connection with, or in a way relation to, this authorization document.
7. Parents have read and understand this authorization and have made this authorization based solely on their judgment and not any representation or promises of these parishes. This authorization constitutes the entire agreement with respect to the parishes use of the images. This authorization may be amended or supplemented only by a written notice.

X \_\_\_\_\_ date: \_\_\_\_\_  
Parent of legal guardian date

◇ I do not want my child's photo published at all.

X \_\_\_\_\_ date: \_\_\_\_\_  
Parent of legal guardian date

### OFFICE USE ONLY: (Make checks payable to *YOUR* parish)

Total due: \$ \_\_\_\_\_ Amt. Paid: \$ \_\_\_\_\_

◇ Cash

◇ Check # \_\_\_\_\_ Date: \_\_\_\_\_

◇ **Requesting Monthly Payments and/or assistance (Confidential)**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_