



**2018-2019 FAITH FORMATION K THRU GRADE 5 & Middle School
St. JOHN XXIII**



****Families attending Faith Formation must be registered members of the parish.**

****If this is your first year in the program, please include a copy of your child's baptismal certificate.**

Please choose your session time preference:

Kindergarten only offered at 4:15. Middle School only Offered at 6:00

Class locations TBD pending completion of Parish Life Center

Wednesdays _____ 4:15-5:30 _____ 6:00-7:15

Father/Guardian _____ Cell Phone: _____ Home: _____

Mother/Guardian _____ Cell Phone: _____ Home: _____

Address: _____ City _____ State _____ Zip _____

E-mail address: _____

If unable to reach you - Emergency Contact: _____ Phone: _____

Child 1: Last _____ First _____ Middle _____ Birth Date _____

Grade 2018-2019 _____ School _____ Religious Ed. Attended LY _____

Does your child have any medical conditions, allergies to food, or learning disabilities that we need to be aware of? Please explain: _____

Baptism : _____ Where _____

Reconciliation Yes /No _____ First Communion: Yes /No _____ Confirmation Yes/No _____

Child 2: Last _____ First _____ Middle _____ Birth Date _____

Grade 2018-2019 _____ School _____ Religious Ed. Attended LY _____

Does your child have any medical conditions, allergies to food, or learning disabilities that we need to be aware of? Please explain: _____

Baptism : _____ Where _____

Reconciliation Yes /No _____ First Communion: Yes /No _____ Confirmation Yes/No _____

Child 3: Last _____ First _____ Middle _____ Birth Date _____

Grade 2018-2019 _____ School _____ Religious Ed. Attended LY _____

Does your child have any medical conditions, allergies to food, or learning disabilities that we need to be aware of? Please explain: _____

Baptism : _____ Where _____

Reconciliation Yes /No _____ First Communion: Yes /No _____ Confirmation Yes/No _____

Please complete other side

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Please read the following:

- Faith Formation is a partnership between Parish and Family. The children begin each session with a gathering prayer. Parents are welcomed and encouraged to attend. **At dismissal parents are required to pick up and sign out their child in the classroom area. Children will not be released to siblings or unauthorized adults.**
- An integral part of a child's faith formation is participation in Sunday Mass. When a child experiences both the classroom and their faith community, he/she will be encouraged to practice and live his/her faith throughout their life.
- Children enrolled in Faith Formation should miss **no more than three sessions per year** for the year to be considered complete. **Students preparing for the Sacraments In Year I or Year II may miss no more than two sessions** during the school year. Eligible students will need to complete a separate registration for Sacraments during Year II.
- Parents will be asked to read and sign acknowledgment receipt of the Faith Formation handbook that will be available in August. It will contain all the program dates and requirements for the children's formation in the coming 2018-2019 year.
- The success of the Faith Formation program relies on the support of a **significant number of volunteers**. We have a great need for **Catechists and Assistants/Substitutes for Faith Formation** and our **Children's Liturgy program on Sunday mornings** as well as other volunteer opportunities on Wednesday nights. Look for emails and sign-ups to volunteer at upcoming events or contact us if you would like to help.

For any questions or special concerns please contact Chris Biel, Director of Faith Formation at chrisdre@johnxxiii.net or (239) 561-7499.

Fees: 1 student: \$40.00 / 2 students: \$75.00 / 3 students: \$105.00 / 4 students \$135.00

Sacrament Preparation Year II: please include an additional registration fee of \$35.00 per student _____

I would like to donate to tuition assistance fund \$_____

Please note: All registration forms and fees must be returned no later than August 12, 2018 to the parish office. After August 12, 2018 a \$10.00 per family late fee will be added After September 1st a \$25.00 late fee will be added.

FOR OFFICE USE ONLY: Tuition Paid \$_____ Date _____ CK#_____ Cash_____			
Payments _____	Image Release? Yes/No	Baptismal Certificate on File? Yes/ No	
Withdraw from Program: Date _____	Reason _____		



DIOCESE OF VENICE IN FLORIDA

MEDICAL AUTHORIZATION FOR MINOR

NAME OF MINOR: _____ D.O.B. _____

PARISH/SCHOOL: _____

HOME ADDRESS: _____

PARENTS/GUARDIANS: _____ / _____

PHONE #s: CELL: _____ HOME: _____

WORK: _____

EMERGENCY CONTACT: _____

PHONE: _____

MEDICAL INFORMATION: Please list all pertinent medical information (for example, allergies, medications, physical impairments, or any other information necessary in an emergency situation). Explain fully:

In case of illness or injury of the above student, reasonable effort will be made to contact the parent(s)/legal guardian(s)/emergency contact. In case of a medical emergency, 911 will be called. In the event that the parents/legal guardian(s)/emergency contact cannot be notified or are not available, I (we) authorize parish, school, or other pertinent diocesan officials to consent to any x-ray examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a licensed physician in the State of Florida. This authorization is valid for a period of 1 year from the date of execution.

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian



DIOCESE OF VENICE IN FLORIDA

**AUTHORIZATION FOR RELEASE AND USE OF STUDENT IMAGE
IN PHOTO, VIDEO FILES OR OTHER MEDIA**

I, the undersigned parent/legal guardian of _____, a minor/student in Grade _____, hereby grant to _____ (School) the following irrevocable rights:

1. To use the name, photograph, picture, portrait, voice, appearance, likeness, performance (hereinafter collectively known as "image") of the above minor in connection with its educational, promotional, fund-raising activities, or for any other legitimate purpose;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of my minor individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio and television), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of my minor individually or in conjunction with other images or printed matter on the school's Internet web site. No personal information such as home address or phone numbers will be published;
4. The right to record, reproduce, amplify, edit, and simulate my minor's image and all sound effects produced; and
5. The right to copyright, in its own name, works that contain the image of minor; and
6. The right to assign the above-mentioned rights to third parties.

I understand that the video files, still photos, or other media incorporating the image of minor will become the property of the school. I hereby waive the right to inspect or approve my minor's image or any finished materials that incorporate said image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of minor's image, and nothing herein will create any obligation on the part of school to make use of the rights or materials set forth herein.

I hereby release and forever discharge Frank J. Dewane, as Bishop of the Diocese of Venice, his successors in office, a corporation sole, _____ Catholic School, their agents, employees and assigns from any and all claims demand, rights, and causes of action of whatever kind that may arise from the use of minor's image, including all claims for libel and invasion of privacy.

I hereby certify that I am the parent/legal guardian of the above referenced minor, and I give my consent, without reservation, to the above agreement on behalf of said minor. This agreement shall be valid for a period of four years from the date hereof, unless revoked in writing.

Parent/Guardian's Signature

Date

Address

Phone

**Please return this form to
the school or parish office**

Revised 1/2014