



EARLY CHILDHOOD / ELEMENTARY :										
Child's First Name (& last name if different than family) <i>Include * for special friend/ education (see p.6)</i>	Gender	Grade Fall 2011	Date of Birth	School	Parent/s child lives with:	Learning, Social & Health Concerns: <i>allergies/meds/ADD/ ADHD/emotional/ reading/ learning/ dietary/physical</i>	Which Day/ Program? (Mon, Wed, Home, EC9 or EC11)	Check Sacraments Received (see pg. 5)	Tuition (see p. 4)	Book Fee (see p. 4)
					<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Step <input type="checkbox"/> Grand <input type="checkbox"/> other _____		<input type="checkbox"/> Mon <input type="checkbox"/> Wed <input type="checkbox"/> Home <input type="checkbox"/> EC9 <input type="checkbox"/> EC11	<input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation		
					<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Step <input type="checkbox"/> Grand <input type="checkbox"/> other _____		<input type="checkbox"/> Mon <input type="checkbox"/> Wed <input type="checkbox"/> Home <input type="checkbox"/> EC9 <input type="checkbox"/> EC11	<input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation		
					<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Step <input type="checkbox"/> Grand <input type="checkbox"/> other _____		<input type="checkbox"/> Mon <input type="checkbox"/> Wed <input type="checkbox"/> Home <input type="checkbox"/> EC9 <input type="checkbox"/> EC11	<input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation		

MIDDLE SCHOOL :											
Child's First Name (& last name if different than family) <i>Include * for special friend/ education (see p.6)</i>	Gender	Grade Fall 2011	Date of Birth	School	Parent/s child lives with:	Learning, Social & Health Concerns: <i>allergies/meds/ADD/ ADHD/emotional/ reading/learning/ dietary/physical</i>	Day	Check Sacraments Received (see pg. 5)	T-shirt Size (Adult Sizes)	Tuition (see p. 4)	Book Fee (see p. 4)
					<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Step <input type="checkbox"/> Grand <input type="checkbox"/> Other _____		<input type="checkbox"/> Sun <input type="checkbox"/> Home	<input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		
					<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Step <input type="checkbox"/> Grand <input type="checkbox"/> Other _____		<input type="checkbox"/> Sun <input type="checkbox"/> Home	<input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		

HIGH SCHOOL :										
Child's First Name (& last name if different than family) <i>Include * for special friend/ education (see p.6)</i>	Gender	Grade Fall 2011	Date of Birth	School	Parent/s child lives with:	Learning, Social & Health Concerns: <i>allergies/meds/ADD/ ADHD/emotional/ reading/learning/ dietary/physical</i>	Check Sacraments Received (see pg. 5)	T-shirt Size (Adult Sizes)	Tuition (see p. 4)	Book Fee (see p. 4)
					<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Step <input type="checkbox"/> Grand <input type="checkbox"/> other _____		<input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		
					<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Step <input type="checkbox"/> Grand <input type="checkbox"/> other _____		<input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		

Financial Hardship Statement:

Tuition is a financial hardship for our family at this time; therefore, (check one):

- Please find a check enclosed for the amount we are able to give toward the religious education of our children this year.
- Due to financial hardship, please waive our CFF tuition this year.
- Please contact me to discuss alternative arrangements (extended deadline, installments, fee reduction, extra volunteering in exchange for payment), etc.

Tuition Subtotal :	\$ _____
Tuition Discount: _____ %	\$ (_____)
Book Fee:	\$ _____
Tuition Due:	\$ _____

CFF Office Use Only

Amt rec'd & type _____

I would like a parent/leader book for "In Touch with the Word". (see pg. 7)

Yes No



TIME & TALENT / Volunteers

1. Our program needs at least one volunteer from each registered family.
2. Prayerfully consider which volunteer position best fits your gifts and schedule. For brief descriptions of volunteer positions, see the program descriptions in the registration packet. For a more detailed description, call the CFF office at 891-8867.
3. Please write the initials of the volunteer next to the position selected. More than one volunteer per family is encouraged. Check more than one grade if flexible.
4. Complete the information to the right of the position.
5. You will be contacted by a program coordinator about your interest/s.

Volunteer Name ↓	Teaching/Classroom Positions See tuition discount (see p. 10, 12, 14)			Do you want your child in your class?
	Catechist (teacher)	Day: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Wed	Grade: <input type="checkbox"/> Early Childhood <input type="checkbox"/> Special Education <input type="checkbox"/> K <input type="checkbox"/> 1st <input type="checkbox"/> 2nd/Eucharist <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th/Confirmation <input type="checkbox"/> High School	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Aide	Day: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Wed	Grade: <input type="checkbox"/> Special Education <input type="checkbox"/> K <input type="checkbox"/> 1st <input type="checkbox"/> 2nd/Eucharist <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th/Confirmation <input type="checkbox"/> High School	<input type="checkbox"/> Yes <input type="checkbox"/> No
	High School Workshop Presenter	Day: <input type="checkbox"/> Sun	Grade: <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th OR <input type="checkbox"/> call me for topic/interest	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Substitute Catechist/Aide	Day: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Wed	Grade: <input type="checkbox"/> Early Childhood <input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> High School	

Volunteer Name ↓	Support Positions See tuition discount (see p. 10, 12, 14)	
	Building Helper	Day: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Wed
	Attendance Helper	Day: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Wed
	Safety Patrol	Day: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Wed
	Childcare for Volunteers	Day: <input type="checkbox"/> Mon <input type="checkbox"/> Wed
	G.Y.M. Supervisor/Helper	Day: <input type="checkbox"/> Mon <input type="checkbox"/> Wed
	Sub Support Volunteer (non-teaching positions)	Day: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Wed

Volunteer Name ↓	Support Positions See tuition discount (see p. 10, 12, 14)	
	Special Friend/Helper	Day: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Wed
	MS/HS Snack Coordinator	Day: <input type="checkbox"/> Sun
	Snack Assistant	Day: <input type="checkbox"/> Sun
	HS Core Team	Day: <input type="checkbox"/> Sun
	Rising Band	



Diocese of Grand Rapids / Holy Family Parish
******STATEMENT OF MEDICAL RELEASE ******
Original Form is Needed—Do not fax.



ALL FAMILIES must complete this form, including any child from early childhood through high school who may register for any Holy Family program or event and is still under parents/guardians' medical insurance.

FAMILY MEDICAL RELEASE INFORMATION					
Family's Last Name		Home Phone # ()	Street Address		City State ZIP
Father's Name		Father's work # () Father's Cell # ()	Mother's Name		Mother's Work # () Mother's cell # ()
Health Insurance Company:		Group #:	Policy #:		Contact Person: (Only if Ins. Co. requires)
Family Physician:		Phone:		Address	
If divorced, who is the custodial parent? Father Mother Other _____		In case of emergency, parents will be called first. If you are unavailable, please name an adult who will assume responsibility for your child (include phone):			
Full Name of Child		Gender	Grade Fall 2011	Age	Learning Social & Health Concerns: allergies/meds/emotional/ADD/ADHD /reading/ learning/ dietary/ physical
1)					
2)					
3)					
4)					
5)					
6)					

To Whom It May Concern:

As a parent/guardian, I do hereby authorize first aid/medical treatment of my child/ren listed above in the event of an emergency which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to reach me as soon as reasonably possible. In the event that the aforementioned requires my authorization for treatment and I cannot be reached in an emergency, I hereby give my permission to the *physician* selected by the activity leader to secure medical treatment for the aforementioned as deemed necessary. I understand all reasonable safety precautions will be taken at all times by the parish and its agents during Faith Formation/Youth Ministry programs. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Holy Family Parish, Caledonia, its leaders, employees, drivers, volunteers, or the Roman Catholic Diocese of Grand Rapids liable for damages, losses, diseases, or injuries incurred by the aforementioned.

Parent/Guardian signature: X _____

(This form will be kept on file into the Fall of 2012)