



Holy Redeemer Parish

Faith Formation & Youth Ministry

Registration Form 2022-2023

In order for us to try and honor special requests, forms must be returned by **September 11th** at Parish Picnic.

Registration Forms will be accepted until September 30th. However, we will not be able to honor any special requests after September 11.

REQUIREMENTS FOR RECEIVING A SACRAMENT

1. Must be registered by **September 30th** in order to receive a Sacrament during THIS school Year.
2. Must attend all scheduled programming and Sacramental preparation sessions.
3. Complete the sacramental registration form on parish website or contact Faith Formation Office.
4. Please provide a copy of Baptismal Certificate if candidate was Baptized at a different Parish.

FAMILY INFORMATION

Family Name: _____ Preferred Phone #: _____

Father's Full Name: _____ Cell Phone #: _____

Mother's Full Name: _____ Cell Phone #: _____

Home Address: _____
(Including City and Zip code)

Email address(es) where program information can be sent:

ADULT VOLUNTEER OPPORTUNITIES

Our Faith Formation and Youth Ministry programs happen through the generosity of our committed volunteers. If you would like to join in and help, please do! Please print your initials by the roles below.

FAITH FORMATION VOLUNTEER OPPORTUNITIES

___ Catechist ___ VBS Volunteer ___ Childcare during Faith Formation ___ Office Aide

YOUTH MINISTRY ADULT VOLUNTEER OPPORTUNITIES

___ Junior High Core Team ___ High School Core Team
___ Junior High Catechists ___ High School Retreat Team
___ Confirmation Retreat Team ___ Living Stations of the Cross Team

Program Options (see Faith Formation & Music Calendar for schedule):

Sunday School (Preschool-Kindergarten)

OPTION 1: During 11 AM Mass
(must be 4 years old by September 2022)

Faith Formation (Grades 1st - 8th)

OPTION 2: Tuesdays: 5:45-7 PM
OPTION 3: Sundays: 9:35-10:50 AM

High School Youth Ministry (Grades 9th - 12th)

OPTION 4: Sundays: 7:00-8:30 PM

Music Ministry Options for Grades 1st - 12th:

- OPTION 5:** Children's Choir (Grades 1st-6th)
Sunday 12pm- 12:45pm; Tuesday 5-5:45pm
(must attend at least 2 rehearsals)
- OPTION 6:** Youth Choir (Grades 7th-12th)
Sunday 12pm- 12:45pm
- OPTION 7:** Cantors (must be Confirmed)
- OPTION 8:** Adult Choir (as long as individual
can be transported/drive)
- OPTION 9:** Hand Bell Ensemble (as long as
individual can be transported/drive)
- OPTION 10:** Instrumentalists (Grades 10th - 12th)
Meet with the Director of Music to determine
proficiency.

Child 1

Student Full Name: _____ Birth Date: _____

Male _____ Female _____ Grade: _____ School : _____

Program Option(s) #: _____

Sacraments Received: Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____

Child 2

Student Full Name: _____ Birth Date: _____

Male _____ Female _____ Grade: _____ School : _____

Program Option(s) #: _____

Sacraments Received: Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____

Child 3

Student Full Name: _____ Birth Date: _____

Male _____ Female _____ Grade: _____ School : _____

Program Option(s) #: _____

Sacraments Received: Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____

Child 4

Student Full Name: _____ Birth Date: _____

Male _____ Female _____ Grade: _____ School : _____

Program Option(s) #: _____

Sacraments Received: Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____

Child 5

Student Full Name: _____ Birth Date: _____

Male _____ Female _____ Grade: _____ School : _____

Program Option(s) #: _____

Sacraments Received: Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____

Child 6

Student Full Name: _____ Birth Date: _____

Male _____ Female _____ Grade: _____ School : _____

Program Option(s) #: _____

Sacraments Received: Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____

Media Relations / Promotions Release

IF PERSON BEING USED IN THE MATERIAL IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN MUST SIGN THIS

I/we give my/our permission to the Roman Catholic Diocese of Grand Rapids, Michigan, (the Diocese) and all entities, representatives, employees, and agents operating under its authority to use, without prior notice, my name or my minor child's name, city and state, and/or audio, video(s), photo(s), and/or any other likeness and to use statements made by or attributed to me or my child relating to the Diocese, without compensation, for web, social media, publicity or similar promotions for the Diocese. I waive my right to inspect or approve such publications, including any written copy that may be created in connection therewith. ***I/we agree that my/our signature(s) below releases any and all claims against the Roman Catholic Diocese of Grand Rapids, or its associated entities related to or arising out of the Diocese's use of the stated items as media relations/promotional material(s).***

Yes, I grant permission for release

No, I do not grant permission for release

Signature of Individual (if 18 or older): _____

Date: _____

Medical Release

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.

Child 1 _____ Relationship to you _____

Child 2 _____ Relationship to you _____

Child 3 _____ Relationship to you _____

Child 4 _____ Relationship to you _____

Child 5 _____ Relationship to you _____

Child 6 _____ Relationship to you _____

Reason for which release is intended: All Progaming for Holy Redeemer Parish 2022-2023

Emergency Contact Name (in case parents are unavailable):: _____

Relationship to Child: _____ Phone: _____

List allergies, medication, or other pertinent comments:

Child 1 _____ Child 2 _____ Child 3 _____

Child 4 _____ Child 5 _____ Child 6 _____

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

Company Address: _____

Family Physician: _____ Phone: _____

Physician's Address: _____

I further authorize the person who presents the minor to sign the Acknowledgement 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.

Parent or Guardian Signature: _____ Date: _____

Print Name: _____