



# Holy Redeemer Parish

## Faith Formation & Youth Ministry

### Registration Form 2024-2025

Please return forms by **September 6th**

#### REQUIREMENTS FOR RECEIVING A SACRAMENT

1. Must be registered by **September 6th** in order to receive sacrament(s) during current Faith Formation year.
2. Must attend all required sessions, all sacramental preparation retreats and parent meetings.
3. Complete sacramental registration form on parish website or contact Faith Formation Office by the due date.
4. Please provide a copy of baptismal certificate if candidate was baptized at a different parish.

#### FAMILY INFORMATION

Are you a parishioner of Holy Redeemer Parish? \_\_\_\_\_

Family Name: \_\_\_\_\_ Preferred Phone #: \_\_\_\_\_

Guardian#1 Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Guardian#2 Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

(Including City and Zip code)

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

#### PROGRAM OPTIONS

Nursery (3 years and Under)

**OPTION 1:** During Sunday Mass

Faith Formation (Grades 1<sup>st</sup> - 8<sup>th</sup>)

**OPTION 4:** Sundays: 9:45-10:45am

Nursery (3 years and Under)

**OPTION 2:** For Parents Enrolled in Faith Formation (9:45-10:45am)

Faith Formation (Grades 9<sup>th</sup>-12<sup>th</sup>)

**OPTION 5:** Sundays: 9:45-10:45am

Sunday School (4 years-Kindergarten)

**OPTION 3:** 9:45-10:45am  
(must be 4 years old to start)

#### Child 1

Student Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Program Option(s) #: \_\_\_\_\_

Sacraments Received: Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

#### Child 2

Student Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Program Option(s) #: \_\_\_\_\_

Sacraments Received: Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

**Child 3**

Student Full Name:\_\_\_\_\_ Birth Date:\_\_\_\_\_

Male\_\_\_\_ Female\_\_\_\_ Grade:\_\_\_\_\_ School :\_\_\_\_\_

Program Option(s) #: \_\_\_\_\_

Sacraments Received: Baptism \_\_\_\_ Reconciliation \_\_\_\_ Communion \_\_\_\_ Confirmation \_\_\_\_

**Child 4**

Student Full Name:\_\_\_\_\_ Birth Date:\_\_\_\_\_

Male\_\_\_\_ Female\_\_\_\_ Grade:\_\_\_\_\_ School :\_\_\_\_\_

Program Option(s) #: \_\_\_\_\_

Sacraments Received: Baptism \_\_\_\_ Reconciliation \_\_\_\_ Communion \_\_\_\_ Confirmation \_\_\_\_

**Child 5**

Student Full Name:\_\_\_\_\_ Birth Date:\_\_\_\_\_

Male\_\_\_\_ Female\_\_\_\_ Grade:\_\_\_\_\_ School :\_\_\_\_\_

Program Option(s) #: \_\_\_\_\_

Sacraments Received: Baptism \_\_\_\_ Reconciliation \_\_\_\_ Communion \_\_\_\_ Confirmation \_\_\_\_

**Child 6**

Student Full Name:\_\_\_\_\_ Birth Date:\_\_\_\_\_

Male\_\_\_\_ Female\_\_\_\_ Grade:\_\_\_\_\_ School :\_\_\_\_\_

Program Option(s) #: \_\_\_\_\_

Sacraments Received: Baptism \_\_\_\_ Reconciliation \_\_\_\_ Communion \_\_\_\_ 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: \_\_\_\_\_

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# 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 2024-2025

Emergency Contact Name (in case parents are unavailable):: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

List allergies, medication, medical conditions 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: \_\_\_\_\_