St. Rita Parish
309 E. Maple Street
Holly, MI 48442

Rectory Office
(248) 634-4841

Learning Center
Religious Formation
(248) 634-1658

Youth Ministry 2019-20

Greetings to all Parents. It's Registration time again! Complete all the forms with the appropriate information for each student registering for Youth Ministry. Please return form to the Rectory Office or the first Youth Ministry meeting on **October 6 from 4:30pm to 5:30pm.** There is a $25 registration fee to cover materials and snacks.

Feel free to contact me with any questions or concerns at (248) 634-4841 or stritahollyRE@gmail.com

In Christ's Peace,
Jennie Marcinkoski
Coordinator of Religious Formation

Student Name (First, Middle, Last) _____

Student Cell Phone_____ **Student Email**_____

Parent Last Name _____

Mother First Name _____ **Maiden Name** _____

Mother Emergency Phone _____ **Home Phone** _____

Father First Name _____ **Father Emergency Phone** _____

Email _____ **Text:** _____

Home Address _____

(Use ** to indicate Mailing to individual—not couple)

Is this your first year of formation enrollment at St. Rita? Y N

Student Name (First, Middle, Last) _____

Birthday _____Current School _____ Grade Level _____

Sacraments Expected this year: Baptism Reconciliation Eucharist Confirmation

Sacramental Record

Baptism Date _____ Place _____ Religion _____

Reconciliation? Y N

Eucharist Date _____ Place _____

Please indicate how your student will go to and from Youth group meetings and activities: circle one:
1. **Brought by parent**
2. **Student will drive themselves.**

********** **STATEMENT OF CONSENT** **********

I hereby consent to participation by my child, _____, in the event described. Name of event: _____Walk 1 block from the Learning Center to the Church_____. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I hereby give the right and permission, with respect to photographs and video taken of my child, or in which my child may be included with others, to use, re-use, publish and re-publish the same in whole or in part, severally or in conjunction with other photographs, in any medium and for any purpose whatsoever including illustration, promotion and advertising. I further consent to the conditions stated above on participation in this event, including the method of transportation.

_____ _____ _____

(Print Parent's Name) (Parent's Signature) (Date)

MEDICAL TREATMENT AUTHORIZATION FORM

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.

Student's Name: _____ Relationship to you: _____

Address: _____ Phone: _____

Type of activity or school year for which release is intended: _____2018-2019 Catechism year_____

PARENTS/LEGAL GUARDIANS

_____

Father **Address** **Phone**

_____

Mother **Address** **Phone**

Family Physician: _____ Phone: _____

List allergies, medication, contract, or other pertinent comments:

_____

_____

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

List a neighbor or close relative who will assume care of your child if you cannot be reached.

Name: _____ Phone: _____

Address: _____ Relationship: _____

I further authorize the person who presents 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: _____