

**ST. MICHAEL CATHOLIC CHURCH
7-12 GRADE TLC RELIGIOUS EDUCATION
AND CONFIRMATION REGISTRATION FORM 2009-2010**

Date: _____
 Family Name: _____
 Address: _____ Apt. _____ City: _____ Zip Code: _____
 Home Phone: () _____ Unlisted? Y N
 Student's E-mail address _____ Student Cell phone _____ text: Y N
 Registered at St. Michael Catholic Church: Y N

*****PARENTS*****

Mother's Name: _____ Father's Name: _____
 Cell Phone: _____ Cell Phone: _____
 Religion: _____ Religion: _____
 Family email address _____

Student living with: Both parents _____ Father _____ Mother _____
Parents: Married _____ Separated _____ Divorced _____ Single _____

IF YOU ARE SEPARATED OR DIVORCED, PLEASE COMPLETE THE FOLLOWING:
 NAME OF PERSON(S) WHO HAS LEGAL RIGHT TO DIRECT THE MORAL & RELIGIOUS TRAINING OF THE CHILD(REN).
ALL INFORMATION IS KEPT CONFIDENTIAL.

Name _____ Address _____ City _____ Zip _____ Ph.# _____
 ✓Check: ___ Joint managing conservator ___ Sole managing conservator ___ Possessory conservator

Name _____ Address _____ City _____ Zip _____ Ph.# _____
 ✓Check: ___ Joint managing conservator ___ Sole managing conservator ___ Possessory conservator

VOLUNTEER OPPORTUNITIES

ALL VOLUNTEERS WORKING WITH YOUTH MUST COMPLETE SAFE ENVIRONMENT TRAINING EVERY 3 YEARS

JR. HIGH ✓

SR. HIGH/CONFIRMATION ✓

Co-Catechist _____	Food Donations _____	Sr. High Catechist _____	Conf. Catechist _____
Support Staff (Subs, Hall Monitors etc.) _____	Kitchen Support _____ (Help prepare and serve meals)	Support Staff (Subs, Hall Monitors etc.) _____	Kitchen Support _____ (Help prepare and serve meals)
Special Events(Chaperones, drivers, etc.) _____		Special Events _____	Food Donations _____

Have you attended a Safe Environment Session? If No, please check on upcoming classes at fwdioc.org.

Have you completed a Volunteer Application? If No, please pick up an application from the receptionist.

RELIGIOUS EDUCATION FULL-TIME VOLUNTEERS: TUITION IS FREE

REGISTRATION FEE \$40.00/STUDENT, MAXIMUM \$120.00/FAMILY (NON-REGISTERED FAMILY \$100.00/STUDENT)

HOME STUDY \$40.00/STUDENT

LATE FEE \$25.00/FAMILY AFTER SEPTEMBER 1, 2009

Please remit with payment to Religious Education Office, St. Michael Catholic Church, 3713 Harwood Rd., Bedford 76021

Please indicate class day/time and grade level when registering your child(ren) on reverse side of form.

FOR OFFICE USE

Date _____	Amt. Paid _____	Cash/Check# _____	Waiting List _____
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TLC AND CONFIRMATION DISCIPLINE POLICY

There will be NO ELECTRONICS of any kind used at TLC during dinner or in the formation classes. This includes, IPODS, CELL PHONES (no texting,) HAND-HELD GAMES, etc. I understand that teens carry cell phones with them, many for emergency reasons, but they are not to be removed from pockets and purses as they can very easily become a distraction. If electronics are being used, the teens will be given one warning to put them away and then they will be taken up by the Catechists and will be returned to students at the end of the evening. If it becomes an ongoing problem, the Catechists will take them up and give them to the Coordinator of Youth Ministry and then they will be released only to a parent.

NO Loitering is allowed in the halls or outside the Church while dinner, TLC events, and Formation classes are going on. This is for the safety of your teens. All teens must be picked up at the main entrance in the front of the Church NO LATER THAN 8PM!!!!

Our catechists and volunteers are just that, VOLUNTEERS. They are to be treated with respect and dignity at all times. If classroom behavior is a problem, your teen will be given one warning, after that they will be asked to call a parent to come and pick them up. If problem behavior persists, parents will be asked to have a face-to-face conference with the Coordinator of Youth Ministry before the teen is allowed to return to TLC.

If you have any questions regarding these discipline policies I would be happy to discuss them with you. Please do not hesitate to contact me.

**I have read and understand the discipline policy of St. Michael Catholic Church.
Please return to your teen's Catechist or Attention: Lori Muckensturm/Coordinator of Youth Ministry**

Parent Signature_____

Date_____

Teen Signature_____

Date_____

**Lori Muckensturm
Coordinator of Youth Ministry
St. Michael Catholic Church**

Catholic Diocese of Fort Worth and/or the
Parish of St. Michael Catholic Church Youth Ministry Program(s)
Parent/Guardian/Conservator Permission and Liability Waiver

Youth Participant's Name: _____

Birth Date: _____ Sex: _____

Parent/Guardian/Conservator's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Emergency Contact Name: _____

Relationship to the son/daughter/participant: _____

Home Phone:(_____) Business Phone:(_____)

Release/Indemnification Information:

I, _____ grant my permission for _____

Parent/Guardian/Conservator's Name

Participant's Name

to participate with the various programs and activities of the parish of St. Michael Catholic Church youth ministry program beginning the 1st day of June, 2009 and continuing through the 31th day of May, 2010. These various programs and activities will take place under the guidance and direction of employees and/or volunteers from the parish of St. Michael Catholic Church and/or the Diocese of Fort Worth. This indemnification form will be kept on file and will accompany the child on any and all programs and activities of the Diocese of Fort Worth and/or parish of St. Michael Catholic Church youth ministry. A separate signed permission slip and medical consent to treat (form B) must be filled out and turned in to accompany this form per each program and/or activity.

I understand that as parent/guardian/conservator, I remain legally responsible for any personal actions taken by the participant named above.

I agree on behalf of myself, my son/daughter/participant named herein, our/his/her heirs, successors, and assigns to hold harmless, the Diocese of Fort Worth and/or the parish of _____ and its/their employees and/or volunteers from any and all claims (unless due in part by gross negligence of the Diocese and/or Parish) for illness, injury, death and the cost of medical treatment therewith, arising from or in any way connected with my son's/daughter/participant's attending the various programs and activities during the dates named above.

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, reasonable attorneys' fees and expenses incurred by the prevailing party.

Promotional Release

I also consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction (in perpetuity unless otherwise revoked by me in writing and delivered by certified mail, return receipt requested, to: The Catholic Center, 800 West Loop 820 South, Fort Worth, TX 76108, ATTN: Director of Youth Ministry and Adolescent Catechesis) in which my son/daughter may appear by the Diocese of Fort Worth. I understand that these materials are being used for promotion of the youth ministry of the Diocese of Fort Worth which may include recruitment and fundraising efforts.

Parent/Guardian/Conservator Signature

Date

Participant Medical Information

****PLEASE ATTACH A PHOTOCOPY OF YOUR (PARTICIPANT'S) INSURANCE CARD, FRONT AND BACK OR FILL OUT THE INFORMATION BELOW.****

Youth Participant's Name: _____

Insurance Carrier: _____ Policy Number: _____

Insurance ID Number: _____

Social Security #: _____

Medications: Check All that Apply – Note: DO NOT CHECK ALL BOXES AS ONE MAY CANCEL OUT ANOTHER

This child takes no medication and will bring no medication with him/her.

This child takes medication/s and will self-medicate. The child will bring all such medications necessary, and such medications will be clearly labeled. I understand that the child will be required to turn all medication(s) over to a supervising adult designated to keep medication(s). I further understand that it will be this child's responsibility to present himself/herself at a location designated for returning medication(s) to this child at the frequencies/times listed below. I understand that the adult to whom this child surrenders the medication has no medical training and this adult will not measure dosages. This child will return the medication(s) to the adult after he/she self-medicates. At the conclusion of the event it will be this child's responsibility to pick up remaining medication(s), if any, at the self-medication designated location. Names of medications and exact dosage and frequencies/times are as listed below: (you may attach a sheet to this form if you need more space just make sure to sign and date it as well)

This child takes medication but is unable to self-medicate. The child's parent/guardian/conservator will provide and dispense any and all needed medications.

No medication of any type whether prescription or nonprescription may be administered to this child unless the situation is life-threatening and emergency treatment is required.

I grant permission for the following nonprescription medication to be given to this child (EXCLUDING MEDICATION LISTED BELOW THAT CAUSES ALLERGIC REACTION).

Non-aspirin pain reliever Yes _____ No _____ # of tablets per dosage _____. Throat Lozenge
Yes _____ No _____

Decongestant Yes _____ No _____ # of tablets per dosage _____.

Antacid Yes _____ No _____

Antihistamine Yes _____ No _____ #of tablets per dosage _____.

Specific Medical Information

Allergic reactions (medications, foods, plants, insects, etc.) _____

Immunizations: date of last tetanus/diphtheria immunization _____

Other Medications child currently takes _____

Any physical limitations _____

Has child recently been exposed to contagious disease or condition such as mumps, measles, chicken pox, etc.? If so, date and disease or condition. _____

You should also be aware of these special medical conditions of this child. *Please attach a clear description to this form*

Signature of Parent/Guardian/Conservator: _____

Witnessed by me, _____ this _____ day of _____, _____ (year)

Notary's Signature: _____ Notary's Seal:

(Required for all out of state activities)

Catholic Diocese of Fort Worth and/or the Parish of St. Michael Catholic Church Youth Ministry Program(s) Consent To Participate/Consent For Emergency Treatment

I, _____, parent/guardian/conservator, place _____
Name (Please circle one) Name of minor
 into the care of Lori Muckensturm and/or Larry Gentsch
Name of one event supervisor Name of another event supervisor
 and give permission for _____ to participate in TLC Sunday Nights
Name of minor Event
 on September 1st 2009 – April 30th 2010. During this event (the dates of which are listed on this
Date/s of event
 consent form), I give permission for either Lori Muckensturm or Larry Gentsch
Name of one event supervisor Name of another event supervisor
 to consent to emergency medical or surgical treatment for _____
Name of minor

There are no changes to insurance or medical information since I last filled out Form A for my child named above.

Please note the changes to insurance and medical information that has changed since I last filled out Form A for my child named above:

Signature of Parent/Guardian/Conservator _____ Date _____ Please Print Name _____

If parent is not signing this consent form, please state the name of parent, if known _____

Emergency Contact Name _____ Cell _____

Notary is required for all out of state trips.

Signature of Parent/Guardian/Conservator: _____

Witnessed by me, _____ this _____ day of _____, _____
(year)

Notary's Signature: _____ Notary's Seal: _____
(Required for all out of state activities)

This form "CONSENT TO PARTICIPATE/CONSENT FOR EMERGENCY TREATMENT" must be attached to the Parent/Guardian/Conservator Permission and Liability Waiver form for each event attended (Form A).