

Saint Edwards Faith Formation
Registration Form
531 Washington Blvd Lake Odessa MI
616-374-7253

Section A: Parent Information

Mothers Name: _____
(First) (Maiden) (Last)

Fathers Name: _____
(First) (Last)

Home Address: _____
(Street Number) (City/State/Zip)

Home Telephone: _____ Parent Email address: _____

Parent Cell phone: _____

Name and address of Stepparent and/or Legal Guardian **if different from above:**

(Name) (Address) (Phone)

Is Mother Catholic? Yes / No Is Father Catholic? Yes / No

Is your family new to the Faith Formation Program? Yes / No

Section B: Family Information (Please complete Section B listing all of the children in your family.)

Child's Name: _____ Grade: _____ DOB: _____

This child has received the following sacraments: (Please circle all that apply)
Baptism Reconciliation Eucharist Confirmation

If the sacraments were not received at St. Edwards, please state where and when they were received:

Child's Name: _____ Grade: _____ DOB: _____

This child has received the following sacraments: (Please circle all that apply)
Baptism Reconciliation Eucharist Confirmation

If the sacraments were not received at St Edwards please state where and when they were received:

Child's Name: _____ Grade: _____ DOB: _____

This child has received the following sacraments: (Please circle all that apply)

Baptism Reconciliation Eucharist Confirmation

If the sacraments were not received at St. Edwards please state where and when they were received:

Child's Name: _____ Grade: _____ DOB: _____

This child has received the following sacraments: (Please circle all that apply)

Baptism Reconciliation Eucharist Confirmation

If the sacraments were not received at St. Edwards please state where and when they were received:

Section C: Emergency Information

In case of an accident or serious illness the Faith Formation Center will first contact a parent. Persons other than a parent to be notified in an emergency when parents are unavailable should be listed below:

(Name) (Address) (Phone)

(Name) (Address) (Phone)

Do any of your children have medical problems that we should be aware of? Yes / No

If yes, please explain: _____

Thank you for filling this form out in its entirety. It is vital to our church records to have accurate information on file.



**MICHIGAN
CATHOLIC**
CONFERENCE

MEDICAL TREATMENT AUTHORIZATION

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.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: _____

Address of Minor: _____ City: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

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

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

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: _____
(Parent or Guardian)



DIOCESE OF GRAND RAPIDS

MEDIA RELATIONS/PROMOTIONS RELEASE FORM

NAME: _____

ADDRESS: _____
Street City State Zip

PHONE: _____

RELEASE

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

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: _____

Name of Parent/Legal Guardian (print): _____
(if individual is under 18 years old)

Signature of Parent/Legal Guardian: _____ Date: _____

If individual referenced above is under 18, please indicate your relationship to that person: _____

*Once completed, please return this form to your parish/school administration office

