



# EMMAUS CATHOLIC PARISH

## Faith Formation Class Registration Form, 2017-18

Please complete both sides of this form and return with payment to the parish office.

I want information about being a:

Father's Last Name \_\_\_\_\_ Father's First Name \_\_\_\_\_  Catechist  Substitute

Mother's Last Name (if different) \_\_\_\_\_ Mother's First Name \_\_\_\_\_  Catechist  Substitute

Primary Email \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Primary Phone \_\_\_\_\_

**OFFICE USE ONLY**

Registered Parishioner?  Yes  No

Parishioner # \_\_\_\_\_

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Check # \_\_\_\_\_

Cash

Payment Plan Form?  Yes  No

Scholarship Form?  Yes  No

Catechist?  Yes  No

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Class Times	A = Sunday, Grades 1—5, 9-10:15 AM in English	E = Wednesday, K-Grade 5, 4-5:15 PM in English
	B = Sunday, PreK-K, 10:30-11:30 AM in English	F = Sunday, Grade 6-8, 3:30-4:45 PM Journey
	C = Sunday PreK-Grade 5, 10:45-12Noon in Spanish	G = Wednesday, Grade 6-8, 6:30-8 PM Journey
	D = Monday, K-Grade 5, 4-5:15 PM in English	H = Sunday, Grade 9-12 6:30-8 PM Outcry

Enter information about children. Please use a second form if there are more than three children:

	Example	Child #1	Child #2	Child #3
Child's Name	Susan Smith			
Preferred Name	Sue			
Grade Fall 2017	5			
Birth Date	03/24/2006			
Gender	<input type="checkbox"/> boy <input checked="" type="checkbox"/> girl	<input type="checkbox"/> boy <input type="checkbox"/> girl	<input type="checkbox"/> boy <input type="checkbox"/> girl	<input type="checkbox"/> boy <input type="checkbox"/> girl
Class Preference	F			
Special Needs*	peanut allergy			
Sacraments Needed This year: Baptism, 1st Eucharist, Confirmation	1st Eucharist			

\*Learning disabilities, behavioral challenges, allergies, etc. For additional Special Needs, please attach a separate piece of paper.

### ▶ Class Fees ◀

- The regular fee per student is \$75 (all grade levels), with a maximum fee for families of 4 children or more of \$250.
- No refunds will be issued.
- There is no charge for children of current catechists.
- Children will not be assigned to a class until payment (or arrangement) has been received.
- No family will be turned away for financial reasons. Please contact the Faith Formation office for an appointment.

Number of Children to be Registered	Price per Student	Price per Child of a Catechist	Total Due
	x \$75 each	x \$0 each	\$

My check to 'Emmaus Catholic Parish' is enclosed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return **completed form and payment** to Emmaus Catholic Parish,  
1718 Lohmans Crossing, Lakeway, TX 78734  
or fax with credit card information to (512) 261-8200.

*\*If you prefer to pay with your credit card, you may go online to complete this registration or come by the Parish Office, open 9:00 AM to 4:00 PM, Monday—Friday.*

[www.EmmausParish.org](http://www.EmmausParish.org)

## Parental Emergency Information and Consent

**Emergency Contact** - Relative or friend to contact if unable to reach parent/guardian.

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone (mobile): (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

**Transportation Consent** - By providing the following information, I hereby authorize Emmaus Catholic Parish to allow my child to arrive and leave the church grounds with the person(s) listed below (if different than parent/guardian).

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone (mobile): (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone (mobile): (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

### Participation Consent

I, the parent/guardian of \_\_\_\_\_, do hereby give my permission and approval for my child/guardianship to participate in the **Faith Formation Program** during the 2017-2018 school year with Emmaus Catholic Parish.

I do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone this event, other participants, our parish, the Catholic Diocese of Austin, and any of the above named parties' representatives, successors, supervisors, sponsors, and/or organizers, for any injuries in connection with the outing/event(s) named above, provided that said injuries are not the result of gross, willful negligence.

I likewise release from liability any person(s), airline, bus company, or other transportation service, transporting my child in a privately owned and/or leased vehicle, to and from any activities connected with the above named event(s), with the exception of gross negligence due either fully, or in part, to mechanical failure and/or operator error.

I also give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events named above. I understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I cannot be contacted, I hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child as deemed medically necessary. Unless otherwise instructed, it is permissible that my child/guardianship be given aspirin/pain medication/cold medicine by either medical personnel or other adults responsible during this event.

I also agree that I am legally responsible for all/any personal actions taken by my child/guardianship during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship.

Furthermore, I agree that if the above named student's behavior is inappropriate, unsafe and/or detrimental to the group, I will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as a result of my child/guardianship being sent home are my responsibility.

I will give my consent for my child/guardianship to be moved to alternate rooms on the Emmaus Parish campus in the course of their Faith Formation instruction. I authorize the staff, catechists, and Faith Formation volunteers to effect such changes of location as required.

### Photo Consent

Additionally, I give permission for my child/guardianship to be photographed during activities associated with the above-mentioned event. I understand that said photos/videos may be used for future publicity within the parish, Diocese, and or Catholic Church, in print, electronic media and social media outlets.

**In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Policyholder Name: \_\_\_\_\_ Employer: \_\_\_\_\_