

2022-23 Faith Formation REGISTRATION

St. Joseph Parish - Menomonie

1 - FAITH FORMATION (FF) PROGRAM(S) YOU ARE REGISTERING FOR (check all that apply):

- FF Grades K-5 meets 1st & 3rd Wednesdays 5:15-6:30 PM
- 2nd Grade Sacrament Prep follows FF K-5 Calendar on Wednesdays from 5:15-6:30 w/some additional prep dates
- Family Formation...Home Learning Option for families that would prefer to teach lessons at home
- Grades 6-8 meets 2nd & 4th Wednesdays 6-7:30 PM
- Grade 9 Confirmation: 1st Sunday 8:30-11:15 am & 1st Wednesday Service Nights 6:30-8 PM
- Grade 10 Confirmation: 1st Sunday 8:30-11:15 am & Mentoring Group Sessions (time set by group)

Program Notes:

PreK-5 Faith Formation will have a "Meet N Greet" during the Fall Festival
MS Gr. 6-8 Kicks Off W/PARENTS on Wednesday, September 28, from 6-7:30
Confirmation Grades 9 & 10 Orientation w/Parents & MENTORS, Sunday Sept. 25th

Family Formation materials are available to parents wanting at home materials to teach faith formation at home. Contact Jen about resources and to set up a parent orientation before beginning.

2 - FAMILY INFORMATION

Last Name (name under which this form is to be filed) _____

Father/Guardian _____ Mother/Guardian _____

Address _____ Family email _____

City _____ Zip _____ Phone (primary) _____ (secondary) _____

Is your family registered at St. Joe's? ___ Yes ___ No (Do you want registration materials? ___ Y ___ N)
 If you are not a member of St. Joe's...where do you attend? _____

3 - RELIGIOUS EDUCATION PARTICIPANTS

Please list first name (and last if different than above), date of birth, gender, grade for the 2022-23 school year, and program they will attend. Please circle or check the sacraments they have received.

Name _____	DOB ___/___/___	M / F	Grade _____	Baptism	Eucharist	Reconciliation
Name _____	DOB ___/___/___	M / F	Grade _____	Baptism	Eucharist	Reconciliation
Name _____	DOB ___/___/___	M / F	Grade _____	Baptism	Eucharist	Reconciliation

4 - IMPORTANT INFORMATION Please list child's name and any allergies or special circumstances you would like to share (social, medical, academic) to allow us to best meet his/her needs. Allergy information will be shared, all other information is confidential among program directors and catechists:

5 - TUITION AND FEES

+ Should cost prohibit you from participating, please contact Jen (DRE-Youth). Grants and Payments are possible +

General Formation (Books, Materials & Program Fees)

1 Child	\$ 75.00
2 Children	\$120.00
3 or More	\$145.00

General Formation Fees _____

ADDITIONAL Sacrament Fees

1st Reconciliation/Communion	\$35 per student
Grade 10 Confirmation	\$30 per student

Sacrament Fees + _____

VOLUNTEER DISCOUNT

Tuition is WAIVED for Catechists & Assistants

Volunteer Discount - _____

TOTAL Amount Due _____

_____ Check #
_____ Cash
_____ JE
_____ CS/ER/KA



2022-23

St. Joseph Youth Faith Formation

Family Compliance Checklist

Please complete all the following and then sign at the bottom of this page to indicate your consent on ALL check marked items listed below.

Your authorization to the following will ensure that you/we are in compliance with the Diocese of LaCrosse and St. Joseph Parish.

Both parents should sign if possible.

✓ **PARENTAL/GUARDIAN CONSENT AND LIABILITY FOR MINORS** (Please INITIAL: _____). I/We grant permission for my child to participate in diocesan/parish event that requires walking transportation to a **location away from the parish/school site that may include: Rec Park, Phelan Park, Wilson Park.** Other destinations and/or transportation will need additional permission. This activity will take place under the guidance and direction of parish /school employees and/or volunteers. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the parish/school named above, its officers, directors, employees and agents, and the Diocese of La Crosse, its employees, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of La Crosse, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school/diocese.

✓ **STATEMENT OF COMPLETION: THE ANNUAL MINOR PARTICIPANT HEALTH AND MEDICAL FORM** - I/We have read through and completed the diocesan form attached (Also available online through the Diocese of LaCrosse). I/We authorize parish personnel to care for my child(ren) in the event I cannot be reached immediately

✓ **SAFE ENVIRONMENT TRAINING** – Must be completed by any parent and/or parish volunteer who intends to participate in Faith Formation (Parents, Catechists, Snack Support, Class projects or events, field trips, and/or other volunteer opportunities) with our youth. **VERIFICATION OF SAFE ENVIRONMENT TRAINING IS REQUIRED YEARLY, FOR PAID AND UNPAID STAFFING.** Thank you for keeping our environment safe!

HOW TO COMPLETE THE TRAINING?...

1. go to our parish website: www.menomonieatholic.org
2. Under Safe Environment Ribbon, click on **Safe Environment Training.**
3. Then, choose your Primary Role (**Parent OR Volunteer**).
4. Follow prompts to complete the training. On the website you will be able to read and watch training video clips before acknowledging that you have done so. You will then be asked for your first and last name. This information is for record keeping only. ALL Safe Environment information is kept confidential and in a secure location at the Parish and Diocese of LaCrosse.

✓ **DIRECT COMMUNICATION AUTHORIZATION** (Please INITIAL: _____). I/We grant permission for paid or unpaid parish staff and catechists to contact my child via email, phone, text, or virtual platform for the purpose of communicating changes in planned faith formation events or instruction. I/We ALSO understand that I/we will be included in every communication between child and the paid/unpaid parish staff member. In most cases, only the Primary contact information gathered will be used, unless parents/ guardians indicate communication exceptions (Please do not use: _____).

✓ **PERMISSION TO USE PARTICIPANT PHOTOS** for commercial purposes (flyers, on the web, etc).

Parent/Guardian Signature(s): _____ Date: _____

Date: _____
By entering my full name, I attest that this constitutes my legal electronic signature on this form.



DIOCESE of
LA CROSSE

Office use only:

Date Received: _____

Expiration: _____

Annual Minor Participant Health and Medical Form

Please fill out this form for anyone who is age 18 (still in high school) and under.

PARTICIPANT NAME (FIRST, MIDDLE, LAST)	PARISH/SCHOOL:
ADDRESS:	CITY, STATE, ZIP:
PARTICIPANT EMAIL:	PHONE #
DATE OF BIRTH:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NAME OF MOTHER/GUARDIAN:	BEST PHONE #:
MOTHER/GAURDIAN'S EMAIL:	
NAME OF FATHER/GUARDIAN:	BEST PHONE #:
FATHER/GAURDIAN'S EMAIL:	

If unable to reach a parent/guardian at the above numbers, contact:

EMERGENCY CONTACT NAME:	BEST PHONE #:
PHYSICIAN'S NAME:	PHONE:
NAME OF MEDICAL INSURANCE:	POLICY #:



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

Medical History/Information

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment at my expense. I wish to be advised prior to any further treatment by the hospital or doctor. In the event that you are unable to reach me, such treatment may be administered if deemed necessary. In the event of an emergency, if you are unable to reach me at the numbers given above, please contact the emergency contact listed above.

YES NO

Medications: List all medications, prescription & over-the-counter, the student currently takes at home and during the school day. Include all as-needed and emergency medications. Medications not authorized for self-carry must be in original container & given to the designated supervisor.

MEDICATION	DOSAGE:	HOW GIVEN:	FREQUENCY:	START DATE:	STOP DATE:	SIDE EFFECTS:

(If necessary, list other medications on another sheet of paper).

Other Medical Treatment: In the event that my child becomes ill with symptoms such as headache, vomiting, sore throat, or fever, do you grant permission for leaders to give your child non-prescription medication, such as acetaminophen, throat lozenges, cough syrup, or antacid? YES NO, I WISH TO BE CONTACTED FIRST.

I Authorize the Parish/School to Give the Above Prescription Medication(s) to this Student.

PARENT/GUARDIAN INITIALS:	DATE:

Inhaler and Epi-Pen Only: This student and his/her parents have been instructed in self-administration and the student may carry an inhaler or Epi-Pen and self-administer. YES NO

Does the participant have any dietary restrictions/considerations? YES NO

If the participant has a medically prescribed diet, please list the details here:

--

Allergies (Please check all that apply): Pollens Medications Insect bites Food

Please note specifics: _____

Treatment History (Please check all that apply)

Asthma Diabetes Epilepsy/seizure Disorder Frequently Upset Stomach Heart Trouble

Physical Handicap Depression Emotional/Mental Disorder Other/Further Details: _____

Operations, serious injuries, or major illnesses in the past year: _____

Dates: _____

PARENT CONSENT FOR MEDICAL TREATMENT AND ADMINISTRATION OF MEDICATION

I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. I give the school/parish permission for emergency and other medical treatment, including the administration of the above prescription and non-prescription medication(s).

PARENT/GUARDIAN INITIALS:	DATE:

Inhaler/Epi-Pen Only: My child may or may not carry.

PERMISSION TO USE PARTICIPANT PHOTOS

You have my permission to use said participant's photos for commercial purposes (ex: flyers, on the web, etc.).

PARENT/GUARDIAN INITIALS:	DATE:

PARTICIPANT INITIALS:	DATE:

CODE OF CONDUCT

Each participant is expected to comply with the following rules of conduct:

No possession or use of alcohol, drugs, tobacco, vaping, or pornography; No fighting, weapons, fireworks, lighters, or explosives; No offensive or immodest clothing; Participation with the group is expected; Respect property; Respect one another, staff, and leaders; Respect and comply with schedules and with any other specific event rules established by leaders.

PARENT/GUARDIAN INITIALS:	DATE:

PARTICIPANT INITIALS:	DATE:

Statement of Truth and Accuracy

I have read the rules of conduct, the above health evaluation, and permission to participate in parish/diocesan activities. I agree to abide by the stated personal limitations and code of conduct. I hereby certify that all of these statements are true and accurate to the best of my knowledge.

PARENT/GUARDIAN SIGNATURE:	DATE:

PARTICIPANT SIGNATURE:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.