



Holy Redeemer Parish Faith Formation & Youth Ministry Registration Form 2018-2019

FAMILY INFORMATION

Family Name: _____

Active Registered Parishioner of Holy Redeemer Parish: YES _____ NO _____

**if not, please list what parish you belong to:* _____

**parish contact information:* _____

Email Address: _____

(please provide an email address where program information can be sent)

Father and Mother's Full Names: _____

Circle Preferred Phone Number

Home Phone #: _____

Cell Phone # (s): Father _____

Mother _____

Address: _____ City/Zip: _____

REQUIREMENTS FOR RECEIVING A SACRAMENT

1. Must be registered by **September 30th** in order to receive a Sacrament during the 2018-2019 Year.
2. Must attend all scheduled programming and Sacramental preparation sessions.
3. Please provide a copy of Baptismal Certificate if candidate was Baptized at a different Parish.

ADULT VOLUNTEER OPPORTUNITY

Our Elementary Faith Formation and Youth Ministry programs happen through the generosity of our committed volunteers. If you would like to join in and help, please do! Please print your initial by the roles below.

FAITH FORMATION VOLUNTEER OPPORTUNITY

___ Catechist ___ VBS Volunteer ___ Childcare during Faith Formation ___ Office Aide

YOUTH MINISTRY VOLUNTEER OPPORTUNITY

___ Junior High Core Team ___ Senior High Core Team

___ Living Stations of the Cross Team

___ Senior High Retreat Team ___ Confirmation Retreat Team



DIOCESE OF GRAND RAPIDS

MEDIA RELATIONS/PROMOTIONS RELEASE FORM

CHILD(S) NAME: _____

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): X _____
(if individual is under 18 years old)

Signature of Parent/Legal Guardian: X _____

Date: X _____

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

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