

# ENERGIZERS

for students in grades 6-8

## 2011-2012 FAITH FORMATION

**\$45 per student (covers full year excepting special events/retreats)**

<b>Student #1</b> First Name	Last Name	Date of Birth	M	D	Y	Gender	M	F
Grade	School							
Catholic Sacraments Received	Baptism	Eucharist	Reconciliation			Confirmation		
Date Sacrament Received	M D Y	M D Y	M D Y			M D Y		
Medical Conditions, allergies, or adaptations helpful for success		Sports, Drama, Debate, etc.						
Student Email and/or Parent Email		Student Cell Phone and/or Parent Cell Phone						

<b>Student #2</b> First Name	Last Name	Date of Birth	M	D	Y	Gender	M	F
Grade	School							
Catholic Sacraments Received	Baptism	Eucharist	Reconciliation			Confirmation		
Date Sacrament Received	M D Y	M D Y	M D Y			M D Y		
Medical Conditions, allergies, or adaptations helpful for success		Sports, Drama, Debate, etc.						
Student Email		Student Cell Phone						

<ul style="list-style-type: none"> <li>I do hereby give permission for my child(ren) to participate in Holy Apostles Energizers program. I agree to hold the Diocese of Boise, Holy Apostles parish, staff and volunteers free from liability for any illness or injury that might be incurred by my child(ren) during these events. Should any injury occur, I hereby give my permission for my child(ren) to receive treatment from a physician to be selected by a Holy Apostles staff member if s/he is unable to reach me or my family physician.</li> <li>I understand that Holy Apostles parish, staff, and volunteers are not responsible for my child(ren)'s transportation to and from Holy Apostles Faith Formation events. Nor is Holy Apostles parish, staff, or volunteers responsible for my child(ren) should they leave the immediate area where the event is taking place or choose to stay after an event has taken place.</li> <li>By registering my child(ren) I understand that I am still the primary religious educator for my child(ren). I agree that I will make sure my child(ren) attends class regularly and on time. I will reinforce class lessons and keep in touch with the coordinator/core team to help all I can. I will live and practice my Catholic faith and be a good example for my child(ren) to follow.</li> <li>I give Holy Apostles permission to use any photographs of my child(ren) for advertising purposes.</li> </ul>	
Parent/Guardian Signature	Date

I am interested in information about being a Core Team member

I am interested in helping at occasional events

If your child(ren) could benefit from ACE, check here. What is ACE – Adapted Catholic Education? ACE is a religious education program for persons with physical, mental, and/or emotional challenges.

**Volunteers are the heart and soul of Faith Formation. It can't happen without you!**



# HOLY APOSTLES CATHOLIC CHURCH

## 2010-2011 ENERGIZERS! 6<sup>th</sup>-8<sup>th</sup> GRADE FAMILY INFORMATION

Please fill out family information & children registration forms completely and attach payment

Family Last Name		Family Email	
Home Phone (     )		Registered at Holy Apostles? If NO please request a Registration form from FF Dept.	
		Yes	No
Father's Name		Mother's Name	
Work(     )	Cell(     )	Work(     )	Cell(     )
Home Address		Home Address	
City, ZIP		City, ZIP	

### Emergency Contact & Medical Information

Non Parent Emergency Contact		Name of anyone else with custodial rights	
Home(     )	Work(     )	Home(     )	Work(     )
Health Insurance Carrier		Address	
Policy #		City, St, ZIP	
Family Physician		Custody schedule (if important to share)	
Phone			

### Permission Release (Please read and sign)

- I do hereby give permission for my child(ren) to participate in Holy Apostles Faith Formation programs. I agree to hold the Diocese of Boise, Holy Apostles parish, staff and volunteers free from liability for any illness or injury that might be incurred by my child(ren) during these events. Should any injury occur, I hereby give my permission for my child(ren) to receive treatment from a physician to be selected by a Holy Apostles staff member if s/he is unable to reach me or my family physician.
- I understand that Holy Apostles parish, staff, and volunteers are not responsible for my child(ren)'s transportation to and from Holy Apostles Faith Formation events. Nor is Holy Apostles parish, staff, or volunteers responsible for my child(ren) should they leave the immediate area where the event is taking place or choose to stay after an event has taken place.
- By registering my child(ren) I understand that I am still the primary religious educator for my child(ren). I agree that I will make sure my child(ren) attends class regularly and on time. I will reinforce class lessons and keep in touch with the coordinator/Core team to help all I can. I will live and practice my Catholic faith and be a good example for my child(ren) to follow.
- I give Holy Apostles permission to use any photographs of my child(ren) for advertising purposes.

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

### Payment & Fee Information - Payment must be included in order to process registration.

If fees are a financial hardship or financial assistance is needed, a Financial Assistance Form is available. A payment schedule can also be arranged for registered families. Please contact the Bookkeeping Department in the Main Office.

**Fees: \$45 per child      Before August 18<sup>th</sup>, 2011: \$35 per child**

\_\_\_\_\_ Total Number of Students Registered

Payment (Enter Amount & Type of Payment): Cash \$ \_\_\_\_\_ Check(Made Out To Holy Apostles) \$ \_\_\_\_\_ Credit Card: MC/Visa/Discover

<b>Credit Card Information</b>	Card#	Exp Date	Amount \$
Billing Street Address		City	State      Zip
Name on card (Please Print):			
Signature:			

### or Office Use Only

Amount Enclosed \$	Date Received:	Initials:
Paid By: CC   CASH   CHECK #	Payment Schedule:    Yes    No	Financial Aid:      Yes    No
Notes:		

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