

**Sacred Heart Church**  
5300 N. US23 Oscoda, MI. 48750  
**Faith Formation/Youth Ministry**  
**Registration**  
**2023—2024**  
**Grades K-12**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

**Best** Parent Contact E-mail address: \_\_\_\_\_

Any special needs for your child (allergies, etc.): \_\_\_\_\_

**Sacraments Received**

**Note: For those have received all 3 Sacraments of Initiation, just answer YES to all.**

Baptismal Date: \_\_\_\_\_ Parish \_\_\_\_\_

Eucharist Date: \_\_\_\_\_ Parish \_\_\_\_\_

Confirmation Date: \_\_\_\_\_ Parish \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

Child living with:  Mother  Father  Both Other: \_\_\_\_\_

Address: (If different from child) \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

**I am willing to be a volunteer:**

- Catechist (teacher/substitute)
- Driver
- Snack/Lunch Coordinator
- Phone Tree Coordinator
- Snack/Lunch Helper (set up/clean up)
- Volunteer

Other: \_\_\_\_\_

Do you have adequate Internet access at home for online classes or activities?

Yes  No

Do you have printing capabilities at home?

Yes  No

**To be filled out by office staff**

Registration Fee (K-5 only) \$20.00  Paid

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

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## **MEDICAL TREATMENT RELEASE FORM 2022-23 Faith Formation Year**

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. 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: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Comments/Other: \_\_\_\_\_

Health Insurance Data: \_\_\_\_\_

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice of 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)

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## **PUBLICITY CONSENT**

Holy Family Church, Sacred Heart Church and the Diocese of Gaylord, engage in various communications regarding programs and activities of the parish, school and diocese through correspondence and publicity with families, parishioners, as well as mass media, social media and members of the wider community. This may involve – but is not limited to - photos, video, audio, written materials, bulletin boards, newspapers, radio, television, electronic presentations, Internet, etc.

Please provide authorization for your child's name, picture, age, parish/school, verbal or written remarks, and parent's names to be utilized for such publicity by completing the form below.

## **AUTHORIZATION FORM**

As parent/guardian of \_\_\_\_\_, I understand that promotional pictures, audio and or video recording (individual and group) may be taking during events and activities offered through Holy Family Church/Sacred Heart Church) or the Diocese of Gaylord. I hereby give permission, without remuneration, for my child's name, picture, age, parish/school, city, verbal or written remarks and parent(s) names, to be used for news, educational and promotional materials (including, but limited to print, audio, video, broadcast, displays, web pages, calendars, PowerPoint, bulletins, etc.) for Holy Family Church/Sacred Heart Church, as well as the Diocese of Gaylord. I also hereby agree to release and hold harmless Holy Family Church/Sacred Heart Church, the Diocese of Gaylord, as well as any of their employees or representatives, including volunteers, from any and all claims resulting from the use of the above information regarding my child.

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Signature of Parent/Guardian

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Date

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Printed Name of Parent/Guardian

*(Parents may cancel this authorization at any time by providing written notice to Sacred Heart Church 5300 N. US 23, Oscoda, MI 48750.)*