



June 10, 2015

Dear Parent(s) and Guardian(s),

As we prepare to plan for the start of a new year in the fall, we are grateful to all who helped during the 2014-15 sessions...parents, volunteers, catechists and staff. Enclosed you will find the registration form, medical treatment authorization form, one for each student, and the publication/media release form for the upcoming 2015-2016 Faith Formation program. Please fill out all the enclosed forms and return to the Faith Formation Office in the self-addressed, stamped envelope **no later than August 15th**.

Grades 1-8 Tuesday Sessions

Grades 1-5: 6:30-7:45 p.m.

Jr. High Grades 6-8: 6:30-8:00 p.m.

A 'meeting space' is provided for those families waiting for an older sibling in the Jr. High Program. A parent should always be in this meeting space with their child waiting for an older sibling. **No child should be left unattended at this time.**

- **Registration will run from June 15th through August 15th.**
- **Registrations received after August 15th, 2015** will be assessed a late fee of \$10.
- **The Volunteer Credit Program:** Parents/Guardians can earn \$2 of credit per session and \$3 of credit per session for those driving for the Jr. High Service Program. Credit earned is applied to the fees for the following program year.
- **Tuition Assistance:** Requests are due by August 1, 2015.
- **Payment Plan:** If you need to set up a plan, please include a deposit with your registration. Check the appropriate box and Barbara will contact you to make arrangements.
- **Grade 8: Preparation of the Sacrament of Confirmation:** Preparation for this sacrament begins in the spring of 8th grade. Please remember to include the Confirmation fee in your calculations.
- **Partnered Faith Formation Programs:** St. Louis and St. Hubert have partnered Faith Formation programs. This means that if your family is unable in some way to participate in our Tuesday weekly sessions, you have the opportunity to choose to take part in the Family Faith Formation program at St. Hubert's. You would remain a parishioner of St. Louis, pay their in-parish tuition amount, but attend St. Hubert's Family Faith Formation program. If you are interested in this option and would like more information please call Barbara in the Faith Formation Office at ext. 104.

If you have any questions, please feel free to call 586-468-8734 and the following extension or email:

Office Manager.....	Barbara Cilli	Ext. 104	barbaracillisl@comcast.net
Grades 1-5 Coordinator.....	Linda Bauer	Ext. 115	lindabslc@gmail.com
Jr. High, Grades 6-8 Coordinator.....	Kathy Huebener	Ext. 114	kathyhslc@gmail.com

Have a very blessed and save summer!

Linda Bauer,

Grades 1-5 Coordinator
Email: lindabslc@gmail.com

Kathy Huebener,

Jr. High, Grades 6-8, Coordinator
Email: kathyhslc@gmail.com



**St. Louis Faith Formation
Grades 1-8 2015-2016 Registration**

39140 Ormsby St. • Clinton Twp., MI 48036 • (586) 468-8734 Ext 104

PLEASE PRINT

Family Name: _____ Parent(s)/Guardian(s): _____

Address: _____ City/Zip: _____

Phone #(s): _____ (Home) _____ (Work) _____ (Cell)

E-mail: _____

Child(ren) Returning:

New Student Information:

First Name: _____ Middle: _____ Last: _____

Sex: _____ Birth Date: _____ City of Birth: _____

Church of: Baptism _____

If not baptized at St. Louis or St. Valerie please bring in her/his certificate.

Grade in September: _____ School Attending: _____

List any conditions that we should be aware of to serve your child better (allergies, learning challenges, etc.):

Please Select Session If Applies

Partnered Faith Formation with St. Hubert

Tuition Fees: Tuition and Sacramental Fees are due at the time of registration

St. Louis Active Members:	\$ 75 one child	\$100 two children	\$125 three or more children
Non-Registered Members:	\$150 one child	\$200 two children	\$250 three or more children

Additional Sacramental Fees:

Reconciliation & First Eucharist (2nd grade): \$35.00 per child
Confirmation (8th grade): \$25.00 per child

\$ _____ + _____ - _____ = \$ _____
Tuition Fee Sacramental Fees (if applies) Volunteer Credits Payment Due

- Enclosed is my full payment of \$_____. (After August 15th, add \$10 late fee.)
- Please contact us regarding a payment plan or tuition assistance.

OFFICE USE ONLY: Date Received _____	Tuition: Amount Paid _____	Cash/Ck# _____	PDS/PS _____
Date Rcpt Sent _____	New Student Info: PDS/PS _____	Class List _____	



St. Louis Catholic Community Faith Formation Office

39140 Ormsby Clinton Twp, Michigan 48036 Phone: (586) 468-8734 ext. 104 Fax: (586) 468-9647

MEDICAL TREATMENT AUTHORIZATION FORM

Appendix V

PLEASE PRINT

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Student's Name: _____ Relationship to you: _____

Address: _____ Phone: _____

Type of activity or school year for which release is intended: 2015-2016

Parents/Legal Guardians

Father Address Phone

Mother Address Phone

Where parents can be reached when not at home:

Father: _____
Address Phone

Mother: _____
Address Phone

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments: _____

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

List a neighbor or close relative who will assume care of your child if you cannot be reached.

Name: _____ Phone: _____

Address: _____ Relationship: _____

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



PUBLICATION AND MEDIA RELEASE FORM

(Important: *Read before signing*)

The St. Louis Catholic Community may at times take photos/videos for the parish bulletin, newsletters, brochures, displays, or for use on the parish web site. In addition, the Archdiocese of Detroit may choose to feature an event/program as well. One or more students may appear in such coverage. Many times each student is identified by name in the photo caption, credits or in the story. We are asking your permission to allow your child to be in any parish and/or Archdiocesan media stories, photos, videos or the parish and/or Archdiocesan website.

Check the appropriate box:

GRANTING PERMISSION:

I give the St. Louis Catholic Community permission to feature my child(ren) in a general article, the parish website, photo and/or video, whether in a parish publication or at the Diocesan level. I also understand that personally identifiable information may be included and give permission for the information below to be used in words and/or pictures

PRINT name of minor(s)

Parent/Guardian **Signature**

Print Parent/Guardian Name

Date

REFUSING PERMISSION:

I understand I have the right to deny consent to the release of information, photographs or video and choose to exercise this right.

PRINT name of student(s)

Parent/Guardian **Signature**

Print Parent/Guardian Name

Date