Fait	h Formation 133 N Brown Rd, Long	Registr		rm 2023-20	REGISTRATION DUE D24 SEPTEMBER 22nd
Family Last Name		F	lome Phone N	umber: ()_	
Street Address		(city, Zip Code _		
Head of Household Name		_ Cell Phone	e #:		
Spouse's Name					Work #
	Registered at S	t. George (Please circle) :	Yes No	
My Child(ren) live with (Please circle): Other Living Arrangement:		Mother	Father	Joint Custody	Guardian
Catechesis of the Good Shepherd Faith Formation, Gr 6-7 Wednesdays, 6:30pm-8:00pm	Grades 8-9		-8:00pm	Pre-K/K/1	of the Good Shepherd fter the 9:15am Mass
	Child #1		Cł	nild #2	Child #3
Legal First Name					
Middle Name					
Legal Last Name, if different					
Grade Level in Fall, 2023					
Gender	Male or Fe	male	Male	or Female	Male or Female
Date of Birth: MM/DD/YY					
Baptismal Date: MM/DD/YY					
Baptismal Church					
City, State					
Received First Reconciliation?	Yes or	No	Yes	or No	Yes or No
Received First Eucharist?	Yes or	No	Yes	or No	Yes or No
Where? Church, City, State					

If registering more than 3 children, please use additional form.

First Communion and Confirmation

The Church requires that a Certificate of Baptism must be provided before your child may receive the Sacrament of First Communion or Confirmation. Call or email the church where your son/daughter was baptized to request a Certificate of Baptism. We are not looking for an original certificate but rather a recently issued certificate which would include any notations on the back. If your child was baptized at St. George, please email Sara Dore at info@stgeorgelonglake.org to let her know. The certificate should be mailed to: **The Church of St. George, 133 N. Brown Rd, Long Lake, MN 55356, ATTN: Sara Dore.** Baptismal records are to be turned in by November 8, 2023. Children preparing for First Communion in April/May 2024 must be enrolled no later than October 18, 2023.



MEDICAL & SPECIAL NEEDS INFORMATION Is there any information that you would like us to know about your child(ren)? Any physical, emotional, family, or learning difficulties? Are there any specific health or medical issues or allergies we should be aware of? (All information will be treated with confidentiality.)

IN THE EVENT OF A MEDICAL/DENTAL EMERGENCY & I CAN NOT BE REACHED, I AUTHORIZE EMERGENCY TREATMENT TO BE ADMINISTERED TO ANY CHILD(REN) LISTED ON THIS FORM.

PRINT FULL PARENT/GUARDIAN NAME _____

SIGNATURE OF PARENT/GUARDIAN DATE

PHOTO-VIDEO RELEASE: I hereby give permission for my son(s)/daughter(s) to be photographed or videotaped at the Church of St. George. I realize that the photo may be published in the parish bulletin, website or on bulletin boards. Generally, we do not publish last names with photos. The photos/video may be used for information, education or sacramental purposes, regarding the programs or curriculum at our parish.

SIGNATURE OF PARENT/GUARDIAN DATE

IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT, OTHER THAN PARENT(S)? In the event that we are unable to reach parents during or immediately following class, please indicate an alternate contact person who will pick up your child(ren).

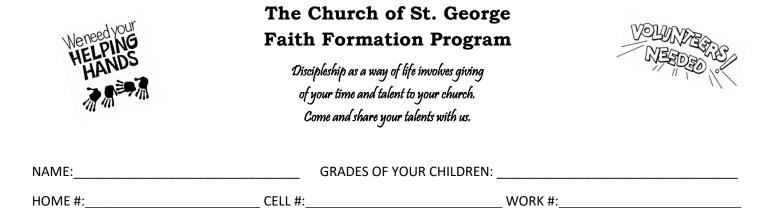
NAME	RELATIONSHIP TO CHILD		
HOME # ()	CELL # : ()		

FAITH FORMATION FEES INFORMATION: *Please read completely and fill in worksheet for cost.*

NUMBER OF STUDE	NTS ENROLLED:			
	GRADES 1 - 7 (number of students)	X \$75.00 = \$		
	GRADES 8 & 9 + (number of students)	X \$100.00 = \$ (excludes retreat fees)		
(add totals from above) Total Fees = \$				
	CATECHIST CREDIT: If teaching a class, deduct 50% fro	om total fees \$		
	TOTAL DUE at	fter discount = \$		
Make all checks payable	e to: The Church of St. George (Family Maximum \$200.0	00)		

PAYMENT OPTIONS (Please check one): ALL FEES ARE DUE IN FULL WITH REGISTRATION UNLESS SPECIAL ARRANGEMENTS HAVE BEEN MADE. □ I have included full payment with registration □ Special payment arrangements, please call 952.473.1247 □ I have paid electronically Parish Office Use Only: Program Fee: Amount Paid: Date:

Circle:	Electronic	or	Cash	or	Check #	Received by:



Please circle the volunteer position(s) you are interested in and time where applicable. You will be called to confirm your choices.

EMAIL ADDRESS: _____

AREAS OF MINISTRY	DESCRIPTION	TIME YOU ARE NEEDED
Please circle areas of interest		
Catechist	Prepare lessons using materials provided. Teach classes.	Please circle: Wednesdays 6:30 pm Sunday 10:00am
Substitute catechist	Prepare and teach classes occasionally when needed	Please circle: Wednesdays 6:30 pm Sunday 10:00am
Classroom aide	Be present in classroom; assist with errands, attendance, discipline, etc.	Wednesdays 6:30 pm Sunday 10:00am
Youth Ministry/Mission Trip	Chaperone	As needed for event

Safe Environment Policy and Requirements from the Archdiocese of St. Paul & Minneapolis: The following requirements *must be completed prior to* volunteer duties with minors.

Volunteers ages 18 years and older who have contact with children and youth are required to complete the Essential 3 (E3) requirements: Background Check, Code of Conduct, and Safe Environment Training that includes: VIRTUS training and Reporting Suspected Child Abuse training. These requirements and registration for VIRTUS training are done online at www.virtus.org. Please contact Safe Environment Coordinator Sara Dore, 952-473-1247 X101 or info@stgeorgelonglake.org, for information. Volunteers younger than 18 years old will sign a Youth Code of Conduct and submit two reference letters written by trustworthy adults attesting to their character, lack of misconduct, and dependability for the volunteer position.