**Registration Closes September 1**

**Family Contact Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Last Name** | **First Name** | **Home Phone** | **Cell Phone** | **Child/ren Live with** |
| **Father/Guardian** |  |  |  |  |  |
| **Mother/Guardian** |  |  |  |  |  |

Parent’s Marital Status *\_\_\_\_\_*Married \_\_\_\_\_Divorced \_\_\_\_\_Separated \_\_\_\_\_Single \_\_\_\_\_\_Widow/er

Registered in the Parish*:* \_\_\_\_\_Yes \_\_\_\_\_No

|  |  |  |
| --- | --- | --- |
| **Child/ren’s Primary Address** | **City** | **Zip Code** |
|  |  |  |

**Emergency Contact:**

OTHER THAN PARENT(S),

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship to Child/ren** | **Phone** |
|  |  |  |

**Student(s) Information*:***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name: First, Middle, Last** | **Sex** | **Birth Date** | **Grade**  **(Sept. of**  **2023)** | **Attended**  **Faith Formation**  **Last year?** | **Sacraments Received** | **Email Addresses**  ***If the email is the same, please write SAME)***  Our main communication is through FlockNote Emails and Text Messages |
|  |  |  |  | Yes  No  Where? | ❑ Baptism  ❑ 1st Reconciliation  ❑ 1st Eucharist  ❑ Confirmation | **Mother’s E-Mail Address** |
|  |
| **Father’s E-Mail Address** |
|  |
|  |  |  |  | Yes  No  Where? | ❑ Baptism  ❑ 1st Reconciliation  ❑ 1st Eucharist  ❑ Confirmation | **Mother’s E-Mail Address** |
|  |
| **Father’s E-Mail Address** |
|  |
|  |  |  |  | Yes  No  Where? | ❑ Baptism  ❑ 1st Reconciliation  ❑ 1st Eucharist  ❑ Confirmation | **Mother’s E-Mail Address** |
|  |
| **Father’s E-Mail Address** |
|  |

**For Students Preparing for Sacraments:**

**Please indicate below what sacraments your child(ren) will be preparing for this year.**

|  |  |
| --- | --- |
| **Name: First, Middle, Last** | **Sacraments** |
|  | ❑ First Reconciliation ❑ Confirmation Year 1 (begins in 7th grade)  ❑ First Eucharist ❑ Confirmation Year 2 (begins in 8th grade) |
|  | ❑ First Reconciliation ❑ Confirmation Year 1 (begins in 7th grade)  ❑ First Eucharist ❑ Confirmation Year 2 (begins in 8th grade) |
|  | ❑ First Reconciliation ❑ Confirmation Year 1 (begins in 7th grade)  ❑ First Eucharist ❑ Confirmation Year 2 (begins in 8th grade) |

***First Reconciliation, First Communion and Confirmation are a two consecutive years of preparation. First Reconciliation is received in the second year before receiving First Communion.***

**St. Gerard’s 2023-2024 Faith Formation Registration Information**

**Kindergarten through 5th grade**

**and**

**Confirmation 6th grade through 8th grade**

**as well as 9th-12th grade for this transitional year.**

**REGISTRATION Fees:**

**$100** per Student (All grades K-12)

*NOTE:* ***Family Maximum*** *for FFL Registration Tuition is $360 (does not include Retreat Fee’s) Partial Scholarships are available, please contact the Parish Office.*

**ADDITIONAL PREPARATION FEES** (For those preparing to receive a Sacrament this spring – after completing two years of preparation)

* 2nd year student receiving Reconciliation & Communion: **$50** total **includes Materials, and Retreats**

* Confirmation Year 1: begins in the 7th grade: **$50** for

**one day retreat Saturday, January 8th**

* Confirmation Year 2: 8th grade ***final year of preparation***: **$200** for weekend retreat. Date will be given at parent meeting!

(Those who have done 2 consecutive years of prep either 7th and 8th grade, or 9th and 10th grade, or 11th and 12th grade are considered Year 2)

In order to be in the Confirmation program at St. Gerard, you must be a registered active contributing member of St. Gerard’s.

**Tuition: Make checks payable to: St. Gerard Catholic Church**

**Credit Cards and Cash are also accepted.**

 For any child/teen receiving a Sacrament in their second year of preparation, we will need an original Baptism Certificate if not Baptized at St. Gerard’s. The Baptism Certificate needs to be turned in by November 1.

**St. Gerard Catholic Church**

**DISCLOSURE, AUTHORIZATION AND CONSENT FOR SOCIAL MEDIA OR OTHER ELECTRONIC COMMUNICATION**

**INVOLVING MINORS**

I am the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name of minor) (“My Child”).

In order to ensure transparency and parental involvement, St. Gerard’s Catholic Church has created this consent form so that parents and guardians may provide authorization for St. Gerard’s Catholic Church leaders to electronically communicate with minors. Such communications must comply with applicable St. Gerard’s Catholic Church policies, including restrictions on private communications with minors.

I grant permission for staff or other leaders of St. Gerard’s Catholic Church to communicate with My Child electronically. I understand that such communications are for St. Gerard’s Catholic Church purposes only and may involve group communications relating to

St. Gerard’s Catholic Church activities. Further, I understand and authorize that such electronic communications may be made via text, email, telephone and cell phone, social media, digital networking, and other electronic means.

I acknowledge that to review or receive public communications shared via social media with My Child, I will need to have an account with the same social media platforms or become a fan or follower of the same social media. I also understand that communications may be accessible or viewable by others who are also fans or followers of the same social media.

This Disclosure, Authorizations, and Consent form is valid for one year.

If I choose to rescind this authorization and consent, I agree that I will inform St. Gerard’s Catholic Church in writing and that this rescission will not take effect until it is received by St. Gerard’s Catholic Church.

**I have read the above Disclosure, Authorizations, and Consent, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with knowledge of its significance.**

Parent/Guardian Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION, CONSENT AND RELEASE FOR USE OF**

**VISUAL LIKENESSES AND ORIGINAL WORKS OF MINORS**

This form allows you, the parent or guardian, to identify if images of your child and their original works may be used for purposes of print, online, social media communication and promotion.

I am the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name of minor) (“My Child”).

I grant the following rights to St. Gerard’s Catholic Church and the Archdiocese of Saint Paul and Minneapolis:

1. The right to use all photographs, pictures, portraits, vocal sounds, appearances/likenesses, video and performances (hereinafter collectively known as “image”) of My Child in the possession of St. Gerard’s Catholic Church;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio, television, and other social and digital media), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child individually or in conjunction with other images or printed matter on St. Gerard’s Catholic Church and the Archdiocese of Saint Paul and Minneapolis’s Internet websites. **No home address or phone number will be published;**
4. The right to record, reproduce, amplify, edit, and simulate My Child’s image and all sound effects produced;
5. The right to copyright, in the name of St. Gerard’s Catholic Church and the Archdiocese of Saint Paul and Minneapolis, works that contain the image of My Child;
6. The right to use and publish for general communications, advertising, commercial or publicity purposes, or for any other lawful purpose whatsoever My Child’s original work; and
7. The right to assign the above-mentioned rights to third parties without notice to me.

I understand that the video files, still photos, or other media incorporating the image of My Child will become the property of

St. Gerard’s Catholic Church. I hereby waive the right to inspect or approve the image or any finished materials that incorporate the image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of My Child’s image or My Child’s original work.

,I hereby release, discharge, and agree to indemnify and hold harmless St. Gerard’s Catholic Church. the Archdiocese of Saint Paul and Minneapolis, and their agents, employees and assigns from any and all claims, demands, right, and causes of action of whatever kind that I or My Child have or may have or may arise by reason of this authorization and from the use of My Child’s image and original work, including but not limited to, all claims for libel and invasion of privacy.

This consent regarding My Child’s likeness and original work is valid until such time as I choose to rescind this authorization and consent. If I choose to rescind this authorization and consent, I agree that I will inform St. Gerard’s Catholic Church in writing and that my rescission will not take effect until it is received by St. Gerard’s Catholic Church. I understand and acknowledge that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission.

I hereby authorize and consent that St. Gerard’s Catholic Church and the Archdiocese of Saint Paul and Minneapolis have the right to use My Child’s name in connection with their educational, promotional, fund-raising activities, or for any other legitimate purpose.

**Please initial**: \_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_ No

**I have read the above Disclosures, Authorizations, and Releases, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with full knowledge of its significance.**

Parent/Guardian First & Last Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_