

Dear Parents,

Plans are already being worked on for the 2011-2012 year - budgeting, scheduling, staffing, etc. These items depend significantly on the number and timing of the registrations we receive. Like last year, an Early Bird discount is available for registering on or before July 31. **We strongly encourage this**, as it helps us better plan for the upcoming year. Registration form must be turned in by July 31 for the early bird discount. Payment is not due until October 5.

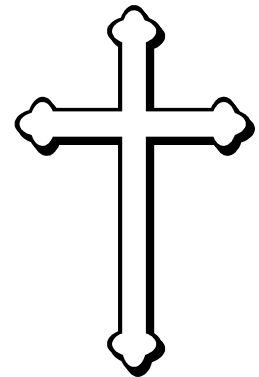
Because our RE program has grown so much, we needed to make some changes. Grades 1-6 will be meeting on Monday and Wednesday evenings from 6:00-7:15PM. It is your choice on the day you wish to attend. Preschool and Kindergarten will still meet during the 11:15 Mass. With this said, we are in need of more catechists to fill these spots. If interested, or have questions, and/or not sure what is involved, please contact Debbie.

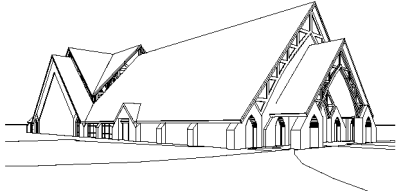
You are the first teachers of your children and we are grateful to be able to reinforce and broaden their religious upbringing here at St. Sebastian Parish. Thank you.

One last item -- have you heard about "Protecting God's Children"? It is a very enlightening seminar that among other topics teaches us how to spot the often subtle signs of predatory behavior. It is a tremendous seminar for all adults to become more aware and vigilant in ways to keep safe our children, grandchildren, nieces, and nephews. This is a required seminar for all adults working with children and youth in our diocese. However, it is a most worthy seminar for ALL adults to attend. Watch the bulletin for upcoming sessions.

In God's Love and service,

Debbie Mayer
Director of Religious Education
debbie@stsebastianmi.org





ST. SEBASTIAN CATHOLIC CHURCH
2011-2012 REGISTRATION FORM
3 YEAR OLD PRESCHOOL THROUGH HIGH SCHOOL

FAMILY LAST NAME _____ **Phone #** _____

Street Address _____ **City** _____ **ZIP** _____

Father's Name _____ **Religion** _____ **Cell#** _____

Mother's Name _____ **Religion** _____ **Cell#** _____

Child(ren) reside with (circle all that apply): **Father** **Mother** **Other** _____

Are you a member of St. Sebastian? YES NO

FAMILY E-MAIL ADDRESS _____

Providing an email address enables us to send important program information at virtually no cost to the parish (postage, photocopying, envelopes, etc.). It provides a fast way to communicate to you when needed. Please print clearly.

Emergency Contact Name _____ **Phone** _____

Fee: Early Bird Discount if registration form is received before July 31

_____ \$25.00 per child* _____ \$75.00 maximum per family*

Fee for any Registration Form received after July 31

_____ \$30.00 per child* _____ \$90.00 maximum per family*

*Non-Parishioner add \$50.00 per family

_____ Check here if you have money from Hall cleaning

Payment is Due no later than October 5

OFFICE USE

Date Registration received _____ **Amount Due** _____

Cash _____ **Check#** _____ **Amount Paid** _____

Via: Mail _____ **Drop off** _____ **Offertory Basket** _____

You can download a copy of this form on-line at
www.stsebastianmi.org

Child's First and Last Name _____ **D.O.B.** _____

Sunday-during the 11:15 Mass Please check grade entering in fall.
 ___ *3year old preschool (*must be 3 by September 1 & able to use the restroom on their own-no diapers)
 ___ 4 year old/Young 5 class
 ___ Kindergarten

Monday Circle grade entering in the fall 1 2 3 4 5 6

Wednesday Circle grade entering in the fall 1 2 3 4 5 6

YM Circle grade entering in the fall 7 8 9 10 11 12

Sacraments Received (circle all that apply):

Baptism **Reconciliation** **Eucharist** **Confirmation**

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Family Last Name _____

Parent/Guardian: Initial the statement you agree with.

Regarding St. Sebastian RE & YM using photographs or videos of my child/ren or family for publicity of the programs, I, the legal guardian (check one),

_____ give permission, for the program to use my child/ren's name/s where deemed appropriate. I understand there will be no compensation for such use.

_____ give permission as long as my child/ren's name/s are not used. I understand there will be no compensation for such use.

_____ DO NOT give permission under any circumstances.

Health Insurance Data Company Name _____ Contract Number _____

Policy Number _____ Group Number _____

Family Physician Name _____ Phone _____

Medical Treatment Release

As legal guardian, I hereby authorize first aid/medical treatment for the child/ren named on this form in the event of an emergency which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to contact the person listed on this form as soon as reasonably possible. In the event that the aforementioned requires my authorization for treatment and I cannot be reached in an emergency, I hereby give my permission to the physician selected by the activity leader to hospitalize, secure medical treatment, and/or an injection, anesthesia or surgery for the aforementioned as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by the parish and its agents during education programming. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold St. Sebastian Parish, it's leaders, employees, drivers, volunteers, or the Roman Catholic Dioceses of Grand Rapids liable for damages, losses, diseases, or injuries by the aforementioned.

Parent/Guardian Signature _____

Medical/Special Needs Information that we should know about your child/ren, such as allergies, learning styles, special needs, speech problems, family situations, learning or behavioral concerns, etc. All information regarding your child will be kept confidential by the parish formation staff. Please list name and need below.

As legal guardian, I understand that I or an authorized person must enter the building to drop off and pick up my **Preschool-6th grade child/ren**. I understand that my child will NOT be released to a sibling under the age of 16.

Legal Guardian's signature _____

TIME AND TALENT

(Please include name of person interested, next to each ministry checked)

Catechist

___ Monday ___ Wednesday 6:00-7:15PM

___ During the 11:15 Sunday Mass (Preschool/Kindergarten)

___ YM Sunday evenings 6:00-8:00PM
(Confirmation 1 & Confirmation 2 classes)

___ Ignite (High School Level)

Substitute Catechist

___ Monday ___ Wednesday 6:00-7:15PM

___ During the 11:15 Sunday Mass (Preschool/Kindergarten)

___ YM Sunday evenings 6:00-8:00PM
(Confirmation 1 & Confirmation 2 classes)

Classroom Assistants (7th grade and up)

___ Monday ___ Wednesday 6:00-7:15PM

___ During the 11:15 Sunday Mass (Preschool/Kindergarten)

Substitute Classroom Assistants (7th grade and up)

___ Monday ___ Wednesday 6:00-7:15PM

___ During the 11:15 Sunday Mass (Preschool/Kindergarten)

I can donate items
when needed for: ___ RE ___ YM (Faith Formation & Ignite)

___ Help prepare crafts for RE

Chaperone/Help at special events
(must take a Protecting God's Children Session and have a
Background Check on file)

___ RE ___ YM (Faith Formation & Ignite)

___ RE Social Committee
(help plan activities for families and children in our parish)

___ RE Service Project
(help coordinate service projects for our children to participate in)

___ RE Children's Mass Assistant
(help with the planning and organizing)

Liturgical Ministry

___ Usher-age 16+

___ Altar Server-Grade 4 and older

___ Eucharistic Minister-age 16+ and confirmed

___ Lector-age 16+ and confirmed

Nursery Adult Substitutes

___ During the 11:15 Sunday Mass

Nursery Assistants (7th grade and up)

___ During the 11:15 Sunday Mass

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___ During the 11:15 Sunday Mass