

Saint Timothy Faith Formation Registration for 2020-2021 Grades 9-10

Please fill out a separate sheet for each child in your family.

Child's name: _____
Last First Middle Initial

Child's date and place of birth: _____
Date Place

Child's date and church of Baptism: _____
Date Parish, City and State

Date and church of First Communion: _____
Date Parish, City and State

Grade in Fall: _____ School: _____ M / F Special Needs: Y / N
(Circle One) (Circle One)

Siblings/Grade in Program: _____

Father: _____ Religion: _____

Cell Phone: _____ Email: _____

Mother: _____ Religion: _____
(Include Maiden name)

Cell Phone: _____ Email: _____

Address: _____ Zip: _____

Emergency Contact Person/Relationship: _____ Phone: _____

List person(s) authorized to drop off/pick up your child(s) other than parents: _____

Classes are at St. Timothy Middle School for grades 9 & 10 on Sundays, as scheduled, 9:30am to 10:30am.

***NOTE: Please provide a copy of Baptismal and 1st Communion Certificates
if this is your first year registering.***

This is a 2 year program. Registration fee paid annually. Registration deadline is August 15, 2020

- \$100 for year 1 student
- \$100 for year 2 student

Payment, by check only, is due at the time of registration. Please make payable to: **The Church of St. Timothy. Mail to: Rectory Office, 1116 North Main Street, West Hartford, CT 06117**

**NOTE: The family must be registered with St. Timothy Parish.
If not registered, an additional \$100.00 fee per student is required.**

If financial assistance is needed, contact Paul Travers, at paul-travers@sbcglobal.net

LIST PROTECTIVE ORDERS:

ALLERGY/MEDICAL EMERGENCY PERMISSION

List any allergies/medical issues or special needs accommodations:

Child uses an EPI-PEN (Circle one): Y / N Child carries the EPI-PEN on them (Circle One): Y / N

Please be advised that our CCD teachers are volunteers and are not able to administer EPI-PENS or any other medications.

I give permission for my child's teacher to call 911 for emergency treatment while attending CCD if I cannot be contacted.

Parent Signature: _____ Date: _____

MEDIA PERMISSION

There may be an occasion where photographs/videos are taken of the children, classes and activities during the CCD program. This media may be submitted to local newspapers, other media outlets for publication or posted in the church facility, CCD brochure, church bulletin or church website. Please indicate your preference below by signing one of the statements.

I give permission to have pictures/videos taken of my child/children.

_____ Date _____

I do not give permission to have pictures/videos taken of my child/children.

_____ Date _____

CHILD LURES PROGRAM PERMISSION FOR GRADES 1-10

The "Child Lures Prevention Program, Think First & Stay Safe" (also known as "LURES"), has been implemented as the personal safety training for children in the Archdiocese of Hartford since 2005. Every year we are required to present this program to all students attending the Religious Formation Program (also known as "CCD"). Please indicate your preference below by signing one of the statements.

I give permission for my child/children to attend The Child Lures Program.

_____ Date _____

I wish to opt out of the Child Lures Program for my child/children.

_____ Date _____