



Please See Both Sides of Forms

~BRANCHES~

Name:

Phone Number:

Address:

City & Zip:

Birthday

E-mail Student:

E-mail Parent:

School attending in the fall:

Grad. Date:

Grade: Fr. So. Jr. Sr.

Parents' Names:

Branches Leaders' Names (for Grades 10-12!):

Favorite Sports:

Who are you friends with?

Interests:

Hobbies:

Favorite Classes/Subjects:

Least Favorite Classes:

I would like to help Mary Catherine with the following:

Teen Leader at Confirmation Retreat, SUNDAY, Sept. 19th, 2010 (Soph-Seniors only)

Teen Leader at the 7th Grade Retreat, Sat. Feb 26th, 2011

Working in the office

I'm interested in being involved with:

Eucharistic Minister Lector

Teen Leadership

Please read the following procedures for the Branches registration. Registration and tuition are due by **August 15th, 2010**:

Step 1

Fill out registration form and youth ministry form as completely as possible. Please make any corrections that are needed.

Step 2

Parents sign the permission/medical release and occasional help sheet. Please make sure your teen fills out the registration sheet.

Step 3

Return the registration & tuition (please see below), the parental permission/release, and occasional help sheet to the PMC by **August 15th, 2010**.

Tuition Cost

The tuition covers the cost for supplies, curriculum, training for the leaders, and \$300 for each group to use for service projects and socials.

- \$100 per Branches Participant
- If you have two or more students in Branches it is \$100 for the first student and \$75/student for the other students
- Your son/daughter is more important to the Youth Ministry than the tuition. If tuition is the hindrance to your son or daughter being involved in the Branches program please call MARY CATHERINE.

If you have any questions please call or e-mail the Youth Ministry Office.

Mary Catherine Nelson

847-253-8600 x138

m.nelson@st-raymond.org

Parental Information / Release Form

Student's Name: _____ **Phone:** _____

We (I) give permission for our (my) child, to attend and participate in Branches events sponsored by St. Raymond de Penafort Church from September 1, 2010 to August 31, 2011.

In case of an accident, we (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

We (I) will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to our (my) child pursuant to this authorization.

Father _____ **Date** _____

Mother _____ **Date** _____

Guardian _____ **Date** _____

Insurance Co.:

Policy #:

Physician:

Phone:

Specific Medical conditions, medicines, allergies, etc... :

Whom to contact in case of emergency (name & number):

PHOTO/ACADEMIC WORK/COMMUNICATIONS PERMISSION FORM

On occasion, St. Raymond Parish uses photos and/or academic work of students/children/families in our parish publications to share information about the parish. Parish publications include, but are not limited to: the website, student academic work, advertisements, annual reports, posters, newsletters, parish bulletins and other public relations material (including email, Facebook & other similar forms of communication). In addition, local news organizations may hear of our activities or events, and our parish may invite or allow them to photograph or record our events.

Please check and sign below:

_____ My child's/family's photo or academic work may be published in any format including group or individual photos.

_____ My child's/family's photo or academic work may **not** be published in any format including group or individual photos.

_____ I also give permission to communicate with my child via email, Facebook or other similar communication forms.

_____ I **do not** give permission to communicate with my child via email, Facebook or other similar communication forms.

Printed Name of Student _____ Grade _____

Printed Name of Student _____ Grade _____

Printed Name of Student _____ Grade _____

Printed Name of Student _____ Grade _____

Printed Name of Parent/Guardian _____

Date _____

Parent/Guardian Signature _____