



The Church of Saint Timothy

8 Oak Avenue North, Maple Lake, MN 55358
office: 320-963-3726 • FAX: 320-963-2008

2018-2019 Faith Formation Registration
Grades K through 10

Registration at the Church of St. Timothy is required to participate in our Faith Formation Program

Parents/Guardian Last Name: [] *Please list all names that can be contacted in case of an emergency.
Parents/Guardian First Name: []
Address (PO Box): []
City: [] Parents Email: []
State: [] Parent's Cell#: []
Zip Code: [] Home #: []

Did this student/s attend FF at St. Timothy's last year Y/N? In no, where

Student's Name: _____ Grade: _____ Email: _____ Cell# _____

Please note: After September 5th a late fee of \$10.00 will be added to each late registration.

Tuition Rate Number of Youths Total Tuition
Grades K through 10 is \$70.00 X _____ = _____

Retreat Rates
Grade 6 Retreat Fee is \$15.00 X _____ = _____
Grade 7 Retreat Fee is \$25.00 X _____ = _____
Grade 8 Retreat Fee is \$30.00 X _____ = _____
Grade 9 & 10 Retreat Fee is \$75.00 X _____ = _____

Late Fee \$10.00
Total: _____

The maximum tuition for any family is \$200.00. Please note that Retreat Rates must be paid at time of registration and are not included in the \$200.00 tuition maximum.

For Office Use Only

Tuition: Please make checks payable to: The Church of St. Timothy

Paid in Full: Yes - No
Date Paid: _____ Method of Payment: Check# _____ or Cash _____
Balance Due: _____
Amount paid will be deducted from your total

Emergency Medical Information

If a child needs emergency care, we will call 911 and notify parents immediately. There is not medical insurance provided by the Parish or Archdiocese.

Contact person if parents cannot be reached:

Name _____ Relationship _____

Primary Phone # _____ Secondary Phone # _____

In the event of an emergency and I cannot be contacted, I hereby authorize that emergency treatment be administered.

Parent/Guardian signature _____ **Date** _____

Known allergies to medications or food:

Child's Name _____ Allergies _____

Child's Name _____ Allergies _____

The following are special circumstances regarding my child (social, medical or academic):

Child's Name _____ Concerns _____

Child's Name _____ Concerns _____

Additional information which would be helpful in teaching your child (learning disabilities, behavior tendencies, etc.) _____

PHOTO RELEASE

Photo Release: I hereby grant permission for photographs taken of my child at this event to appear on St. Timothy's website, promotional flyers/videos, parish directories other parish social media sites, as well as an individual group photo going home with each person in that photo. I understand that these images will be used only in relation to these publications and this event. Any other use of said images will require my full written consent. (NOTE: If you do not grant permission, you must indicate such in a written letter to the Catholic Church of Saint Timothy, 8 Oak St. N. Maple Lake MN 55358. Notification must arrive at stated address no less than 5 business days prior to the event date.)

Parent Signature: _____ Date: _____

TO PARTICIPATE IN THE ABOVE-DESCRIBED PROGRAM

I warrant that my child is in good health. In the consideration of my child's participation, I agree to indemnify the parish from any claims or law suits brought by myself, my child, or others, that arise out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish in defense of such a claim/suit. I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the code of conduct provided by the parish while participating in the event. I understand that if my child violates the code of conduct he/she may be required to be transported home at my expense.

I have read and agree to Terms and Conditions.

Parent Signature: _____ Date: _____

KIDSMARTZ & NETSMARTZ ARE MANDATED ASPECTS OF OUR PROGRAM

Parents will be notified prior to the date this material is to be covered at the appropriate grade level. There is an option to opt out of this material and cover it at home. We are very happy to work with you and answer any questions or address any concerns you may have. This/similar material is also covered at the public school, our students should have some familiarity with this material. I understand that the Parish must provide/cover this material as required by the Office for the Protection of Children and Youth.

I have read and agree to Terms and Conditions.

Parent Signature: _____ Date: _____