



**CATHOLIC KIDS' CATECHISM CLUB**  
**REGISTRATION FORM**  
**ELEMENTARY AGE STUDENTS (1ST - 5TH grade)**  
**St. John Vianney Catholic Church Faith**  
**Formation 2017-2018**

Come on and join the Fun at Catholic Kids Catechism Club! Donuts each Sunday, homemade cookies each Monday night! Fun active group games, music, sharing, challenges and skits to knock your socks off! Kids 1st to 5th grade can join us Sunday Mornings 9:15-10:20 or Monday Evenings 7-8 p.m. You will be led by an adult club house leader! **COME LEARN ABOUT YOUR FAITH AND HAVE A GREAT TIME DOING IT!**

Family Name: \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Mom: \_\_\_\_\_ Cell #? \_\_\_\_\_

Dad: \_\_\_\_\_ Cell #? \_\_\_\_\_

e-mail address: (please print)

**Elementary Student's Catholic Kid's Catechism Club Member Register HERE!**

Check your schedule preference:

\_\_\_\_\_ **Sunday 9:15-10:20** \_\_\_\_\_ **Monday Night 7-8 pm**

Name: \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Allergy/ special needs \_\_\_\_\_

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Allergy/ special Needs \_\_\_\_\_

Catechism Club is NOT preparation for First Communion or First Reconciliation. You will need to enroll in another program to meet those requirements. Fee of \$75.00 per child requested. \$150.00 for 3 or more children. Scholarships are available please talk with Children's Minister if you are in need of financial assistance. (PLEASE COMPLETE THE BACK OF THIS FORM AS WELL)

**Medical Matters:**

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

**Emergency Medical Treatment**

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:  
Emergency Contact

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Parent/Guardian Consent form and Liability Waiver**

As parent and or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant. I agree on behalf of myself, my child named here, or our heirs, successors and assigns, to hold harmless and defend St. John Mary Vianney Catholic Church, its officers, directors, agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection therewith, and I agree to compensate the organization, its officers, directors and agents , and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event for reasonable attorney’s fees and expenses arising therewith

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photography and Video Consent:** From time to time, pictures and video may be taken of youth ministry/parish/school events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the ministry website. Written consent of both the student and the parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the organization or webmaster and they will promptly be removed.

I the parent/guardian of this/these youth \_\_\_\_\_

Authorize and give full consent, without limitation or reservation, to St. John Mary Vianney Catholic Church to publish any photograph or video in which the above named student/s appears while participating in any program associated with St. John Mary Vianney Catholic Church, Kirkland, WA. There will be no compensation for use of any photograph or video at the time of publication or in the future.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_