

**Saint Mary of the Immaculate Conception
Consents/Volunteering/Shuttle Bus
2011 – 2012**

Check if you **do not** want your child's photo included in St. Mary Parish communications (bulletins, parish website, youtube class videos/parish events)

Family Name: _____

St. Mary has begun using a Catholic communications networking system called FlockNote (www.flocknote.com). Please let us know how you would like to receive parish notifications of classes, meetings, special events, cancellations.... Subscribers may choose *any or all* of the methods of communication:

Parent/Guardian _____	Parent/Guardian _____
<input type="checkbox"/> US mail	<input type="checkbox"/> US mail
<input type="checkbox"/> Email _____	<input type="checkbox"/> Email _____
<input type="checkbox"/> Facebook _____	<input type="checkbox"/> Facebook _____
<input type="checkbox"/> Text _____	<input type="checkbox"/> Text _____

I give permission for the parish office to contact my Middle/High School youth via flocknote:

Student _____	Student _____
<input type="checkbox"/> US mail	<input type="checkbox"/> US mail
<input type="checkbox"/> Email _____	<input type="checkbox"/> Email _____
<input type="checkbox"/> Facebook _____	<input type="checkbox"/> Facebook _____
<input type="checkbox"/> Text _____	<input type="checkbox"/> Text _____

Student _____	Student _____
<input type="checkbox"/> US mail	<input type="checkbox"/> US mail
<input type="checkbox"/> Email _____	<input type="checkbox"/> Email _____
<input type="checkbox"/> Facebook _____	<input type="checkbox"/> Facebook _____
<input type="checkbox"/> Text _____	<input type="checkbox"/> Text _____

MEDICAL CONSENT (GRADES PRESCHOOL – 12)

I give my consent for the administration of first aide care to my child/children, _____, by the Saint Mary Faith Formation staff, that in my absence and the absence of the emergency contacts, as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature.

Signed (Parent/Guardian) _____ Date _____

Emergency Care

Physician's name: _____ Phone number: _____
Health Insurance Co: _____ Policy/Group Number: _____

YOUTH MINISTRY FAITH GROUP AND ACTION CONSENT (GRADES 7 – 12)

I hereby consent to my child, _____, participating in Saint Mary’s Youth Ministry Program Faith Group gatherings and ACTIONS.

- I understand that the faith groups may be meeting away from the parish grounds, including, but not limited to the homes of the Youth Ministry Leaders, other faith group members, restaurants or parks.
- I understand that I am responsible for transporting my youth to and from his/her monthly gatherings and ACTIONS.

I understand my youth will be under the supervision of the Youth Ministry leaders.

Signed (Parent/Guardian)_____ Date_____

PARENT/GUARDIAN VOLUNTEER SIGN-UP

IT IS ONLY WITH THE PARENTS’ HELP THAT THE FAITH FORMATION PROGRAM CAN BE TRULY EFFECTIVE.

Please initial the following area(s) of ministry in which you would be willing to serve:

Preschool and Elementary (K-6)

- ___catechist PS K 1 2 3 4 5 6
- ___substitute PS K 1 2 3 4 5 6
- ___office aide
- ___security aide
- ___classroom set-up
- ___emergency response team
- ___parking lot supervision
- ___hospitality
- ___Audio Visual – Photographer
- ___Enrollment & Development*

Projects/Events/ACTIONS

- ___Advent Adventure
- ___Christmas Reflection
- ___Easter Egg Hunt
- ___Community Action
- ___Open House
- ___May Crowning
- ___Confirmation Retreat
- ___MS/HS Challenge (last class)
- ___Audio Visual – Photographer
- ___Enrollment & Development*

Middle and High School (7-12)

- ___faith group leader 7 8 9 10 11
- ___substitute 7 8 9 10 11
- ___office aide
- ___security aide
- ___emergency response team
- ___ACTIONS
- ___Monthly MS Meal
- ___hospitality
- ___Audio Visual - Photographer
- ___Enrollment & Development*

**Enrollment & Development: These volunteers work on increasing enrollment and developing the Faith Formation programs.*

**Saint Mary Faith Formation
Shuttle Bus 2011-2012**

St. Mary contracts a Riteway shuttle bus available for most students attending Tuesday/Wednesday 4:00 p.m. Faith Formation classes. Families taking advantage of this service are asked to contribute a nominal fee to help cover the cost of the bus rental. If you have any questions regarding the shuttle bus, contact the Parish Office at 868-3336.

Schools included: Milton East, Milton West, Harmony and Northside Intermediate
Cost per child: \$25
Maximum cost per family: \$75

Saint Mary Shuttle Bus Permission 2011-2012

My child has permission to participate in the Faith Formation shuttle bus service from their school to Saint Mary for the Tuesday/Wednesday Faith Formation classes. I will inform my child that he/she will be riding the bus and that all children are required to follow all bus guidelines.

Circle One: Tuesday 4:00 p.m. Wednesday 4:00 p.m.

Student Name _____ School _____ Grade _____

Student Name _____ School _____ Grade _____

Student Name _____ School _____ Grade _____

Student Name _____ School _____ Grade _____

Student Name _____ School _____ Grade _____

Print Parent/Guardian Name

Parent/Guardian Signature

Emergency Phone

Email

For the safety of the students, we ask parents to assist with the supervision of the children during arrival and dismissal time in the parish parking lot. Please indicate the times and months you are available to keep the children safe. I/we can volunteer during the following times:

____ 3:30—4:05 p.m. ____ 5:15—5:30 p.m. ____ Both

I/We can volunteer the following months: Sept. Oct. Nov. Dec. Jan. Feb. March April

FAITH FORMATION TUITION AND FEES

Tuition for Kindergarten thru High School

Family Registered at Saint Mary	\$100 for one child	\$125 more than one child
Family Not Registered at Saint Mary	\$200 for one child	\$250 more than one child
Catechists/Youth Ministry Leaders/Office Aides/Security:		\$50 for the family

Fee for 4:00 p.m. Shuttle Bus

Schools included: Milton East, Milton West, Harmony and Northside Intermediate

Cost per child: \$25

Maximum cost per family: \$75

Tuition _____	<i>Make checks payable to St. Mary</i>
	_____ Paid in full
Shuttle _____	_____ Installment Payments
Total: _____	

Inability to pay the fee will never prohibit a family from having their children in the program; just call Father Jim Uppena at 868-3338.