

FAITH AGREEMENT

As a parent/guardian of a student in the Children’s Faith Formation program at St. George Parish, I affirm my faith values. Together, we are *Growing as Disciples in Mission*.

- I understand that it is important for me to attend Sunday Mass each week with my child(ren).
- I understand that I am the primary catechist of my child. As such, I will continue to grow in relationship with God, to study the Catholic faith, and to participate in service/outreach activities.
- I promise to create a Christian home, to promote solid moral teachings, and to instill respect for one another.
- I will be a good steward and actively give back to my parish through time, talent, and treasure. I will further help instill in my child(ren) the practice of grateful stewardship.

Signature/Initials of Parent or Guardian

Date

HEALTH INFORMATION

Please indicate if any of the following pertain to your child(ren):

- Food (or other) allergies,
- Chronic health concerns, and/or
- Learning disabilities or difficulties.
- Please also provide any other information that you believe we should be aware of to better accompany your child(ren) in the faith formation process. If none, please write NONE.

MEDICAL RELEASE

In the event that the undersigned cannot be reached, and in the judgment of the Coordinator of Children’s Faith Formation (or other person responsible for the program or other appropriate staff member) there is a necessity for immediate examination and/or treatment of my (our) child, I (we) hereby request and authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary. I (we) agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

Dates/Period for which this release is intended: September 1, 2021 through August 31, 2022

Signature/Initials of Parent or Guardian

Date

PHOTO RELEASE

I give permission to the staff/volunteers of St. George Children’s Faith Formation to use photos of my child(ren) and family taken while participating in activities of the program. Photos will be shown in or around the St. George Parish buildings, in the bulletin, and/or on the website or Parish/CCF Facebook page.

Signature/Initials of Parent or Guardian

Date

Photos **MAY NOT** be used.

SNACK/FOOD/TREAT RELEASE

I give permission to the staff/volunteers of St. George Children’s Faith Formation to provide snacks/treats to my child(ren) during the course of the Children’s Faith Formation program. I understand that this is not a regular occurrence, but it is one “tool” used to help build community, particularly around Feast Days. *Food allergies are specified above.*

Signature/Initials of Parent or Guardian

Date

Snacks/treats **MAY NOT** be given.