

**ST. FRANCIS DE SALES CHURCH  
YOUTH FORMATION ENROLLMENT FORM 2025-26**

**K-5**                      **Sundays: 9:00-10:00 AM**  
(Kindergarten child must be 5 by 8/31/25)  
**Grades 6-8**              **Sundays: 5:00-7:00 PM**  
**Grades 9-12**             **Sundays: 5:00-7:00 PM**

**Family Information**                      **Registration Date** \_\_\_\_\_

Mother's First + Last Name \_\_\_\_\_

Father's First + Last Name \_\_\_\_\_

Student's Primary Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Work # \_\_\_\_\_ Father's Work # \_\_\_\_\_

Mother's Cell # \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Her Email \_\_\_\_\_ His Email \_\_\_\_\_

Student resides with \_\_\_\_\_

| Office Use Only                            |                       |
|--|-----------------------|
| Registered in Parish? Y # _____<br>N _____ |                       |
|  | <b>Class Fee</b>      |
| 1 Child                                    | \$55 _____            |
| 2 Children                                 | \$90 _____            |
| 3 Children                                 | \$120 _____           |
| 4 +  | \$140 _____           |
| Catechist (no fee)                         | _____                 |
| <b>Total</b>                               | _____                 |
| <b>Date Rcvd.</b>                          | _____                 |
| Check # _____                              | Cash _____ Card _____ |

**Non-residential Parent/Guardian Info:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Contact Info \_\_\_\_\_

**\*NOTE: If you are registered with another parish, you must provide a letter from your parish priest granting permission for your child(ren)'s participation in our youth formation programs.**

|                         |   |
|-------------------------|---|
| <b>Child #1</b>         |   |
| _____                   | _____/_____/_____ male female   |
| Full legal name         | Date of birth   |
| <b>Grade</b> _____      | <b>Has the child received the Sacrament of: (circle each answer)</b>  |
| <b>Baptism Yes/ No</b>  | <b>1<sup>st</sup> Reconciliation Yes / No</b> <b>1<sup>st</sup> Communion Yes / No</b> <b>Confirmation Yes / No</b> |
| <hr/>                   |   |
| <b>Child #2</b>         |   |
| _____                   | _____/_____/_____ male female   |
| Full legal name         | Date of birth   |
| <b>Grade</b> _____      | <b>Has the child received the Sacrament of: (circle each answer)</b>  |
| <b>Baptism Yes / No</b> | <b>1<sup>st</sup> Reconciliation Yes / No</b> <b>1<sup>st</sup> Communion Yes / No</b> <b>Confirmation Yes / No</b> |
| <hr/>                   |   |
| <b>Child #3</b>         |   |
| _____                   | _____/_____/_____ male female   |
| Full legal name         | Date of birth   |
| <b>Grade</b> _____      | <b>Has the child received the Sacrament of: (circle each answer)</b>  |
| <b>Baptism Yes / No</b> | <b>1<sup>st</sup> Reconciliation Yes / No</b> <b>1<sup>st</sup> Communion Yes / No</b> <b>Confirmation Yes / No</b> |
| <hr/>                   |   |
| <b>Child #4</b>         |   |
| _____                   | _____/_____/_____ male female   |
| Full legal name         | Date of birth   |
| <b>Grade</b> _____      | <b>Has the child received the Sacrament of: (circle each answer)</b>  |
| <b>Baptism Yes / No</b> | <b>1<sup>st</sup> Reconciliation Yes / No</b> <b>1<sup>st</sup> Communion Yes / No</b> <b>Confirmation Yes / No</b> |

**Fees due at the time of enrollment**

\$55 for 1 student  
\$90 for 2 students  
\$120 for 3 students  
\$140 for 4 or more students

**Scholarship Needed? Y \_\_\_ N \_\_\_**

**Please mark below whether your child needs transportation to/from Sunday formation sessions.**

Yes, my family needs transportation \_\_\_\_\_  
No, my family doesn't need transportation \_\_\_\_\_

**At least one parent per family is required to volunteer in a capacity listed on the "Youth Volunteer Needs" sheets (provided at registration or online).**

**Please review the sheets and return this form with your top three volunteer preferences.**

Parent: Mom \_\_\_\_\_ Dad \_\_\_\_\_ Both \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Medical Condition & Emergency Contact Information**

*For each student, please list any physical conditions the director, teachers or any medical personnel should be aware of.*

**1. Allergies:** Food, drugs, other

**2. Prescription medications**

**Note:** Medications cannot be administered during class unless by a parent or guardian.

**3. Other medical conditions**

**4. Other**

\*\*\*\*\*                      \*\*\*\*\*                      \*\*\*\*\*                      \*\*\*\*\*                      \*\*\*\*\*                      \*\*\*\*\*

**Child #1**

\_\_\_\_\_  
(child's name) 1.      2.      3.      4.  
(Circle any that apply)

Specifics: \_\_\_\_\_

**Child #2**

\_\_\_\_\_  
(child's name) 1.      2.      3.      4.  
(Circle any that apply)

Specifics: \_\_\_\_\_

**Child #3**

\_\_\_\_\_  
(child's name) 1.      2.      3.      4.  
(Circle any that apply)

Specifics: \_\_\_\_\_

**Child #4**

\_\_\_\_\_  
(child's name) 1.      2.      3.      4.  
(Circle any that apply)

Specifics: \_\_\_\_\_

**MEDICAL TREATMENT AUTHORIZATION/RELEASE**

In consideration for permitting our child(ren) to participate in this program, we \_\_\_\_\_ agree on behalf of our child(ren) listed on the reverse side of this form, and ourselves, our heirs, assigns, executors, and personal representatives to release and hold harmless St. Francis de Sales Catholic Church, the Roman Catholic Archdiocese of Kansas City in Kansas, their officers, directors, agents, employees, chaperones, and official representatives from any and all liability, claims, loss of damages arising from or in connection with our child(ren)'s participation in this program. To the best of our knowledge, our child(ren) is/are in good health and physically able to participate. We understand that we will be notified in the case of a medical emergency involving our child(ren). However, in the event that neither of us can be reached, the following signature authorizes the calling of a doctor and the providing of necessary medical services for our child(ren). We understand that St. Francis de Sales Catholic Church and/or the Archdiocese of Kansas City, Kansas will not be responsible for medical expenses incurred solely on the basis of this authorization. We agree to notify the church of any health changes which would restrict our child(ren)'s participation in normal youth or children's activities. We also understand that the adult supervisors reserve the right to restrict our child(ren) from any activity that they do not feel is within the physical capabilities of our child(ren). Permission is granted for this medical information to be provided to any staff or volunteer as necessary for the health and safety of our child(ren).

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

# St. Francis de Sales Photograph/Video Release Form

Dear Parents/Guardians,

At St. Francis de Sales, we often have the opportunity to take photos/videos of children engaged in learning. We request your permission to use such photos/videos of your child(ren) in our publications, on our website, and in other communications that promote the educational programs or faith life of our parish.

Please fill out this form to give your consent to use such photos/videos and return it to the Director of Faith Formation of St. Francis de Sales. Thank you!

Name of child and grade level:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I, \_\_\_\_\_, parent/guardian of the child(ren) listed above,

PLEASE PRINT

give my/our permission for St. Francis de Sales to use photos/videos of my/our child(ren) to illustrate the educational activities or faith life of the parish in communications such as, but not limited to, local publications, websites, print advertising, and media relations. This release is valid for the current year and may be revoked with written notice by the signer of this form.

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

\_\_\_\_\_  
Date

I, \_\_\_\_\_, parent/guardian of the child(ren) listed above,

PLEASE PRINT

do not give my/our permission for St. Francis de Sales to use photos/videos of my/our child(ren).

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

\_\_\_\_\_  
Date

# St. Francis de Sales Authorized Personnel Form

The following person(s) have my permission to pick up my child(ren) after Sunday Faith Formation, Confirmation, or Youth Group programs:

Name

Relationship

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

If the names above change, I will complete an updated form.

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

\_\_\_\_\_  
Date