



Beloved Disciple Parish

2025-26 Faith Formation Program

STUDENT registration form

Classes will begin the week of September 21 and a schedule with dates and days of the week will be forthcoming soon!

We will attend classes in (check one) Grove City ☐
Emlenton ☐

General information:

Household Last Name: _____

Household Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____ (Email will be used to communicate changes in times or schedules or cancellations due to weather conditions.)

In Case of Emergency: Name _____ Phone _____
Name _____ Phone _____

Please indicate name, age, grade (pre-k through 9) formation level of student(s) as of Sept 2025.

Child name: _____ Age/birth date: _____ grade level: _____

Child name: _____ Age/birth date: _____ grade level: _____

Child name: _____ Age/birth date: _____ grade level: _____

Child name: _____ Age/birth date: _____ grade level: _____

Child name: _____ Age/birth date: _____ grade level: _____

Child name: _____ Age/birth date: _____ grade level: _____

**Please complete both sides of this form and the additional
"Confidential Release form"**



Please indicate the number of children who will be registered in sacramental preparation sessions (there is a separate \$25 sacramental fee per student):

Reconciliation (2nd grade) _____

Name(s): _____

First Eucharist (3rd grade) _____

Name(s): _____

Confirmation (9th grade) _____

Name(s): _____

There will be extra sacramental classes in addition to the Faith Formation classes. One retreat is also a requirement for sacramental students.

Fees*:

Families with kids 4yrs old-9th grade-----\$25 x # of students \$_____

(No charge for Parents with child's registration)----- (max cost: \$75 per family)

Additional Sacramental Fees-----\$25 x # of students \$_____

(Grades 2, 3, 9)

Grand Total** \$_____

*Need-based scholarships are available. Contact our church office for information. No one will be refused admission for inability to pay.

Make checks payable to **Beloved Disciple Parish. Return payment with all forms as soon as possible to Beloved Disciple Parish, Church of the Beloved Disciple in Grove City, to the attention of Lisa Bablak, Faith Formation Secretary.

IF YOU HAVE QUESTIONS, PLEASE CALL (724) 748-6700

Marialyce Garvis, Director of Faith Formation at x 112

Lisa Bablak, Faith Formation Secretary at x 115

Beloved Disciple Parish

*Church of the Beloved Disciple
Grove City, Pa*

*St. Michael the Archangel
Roman Catholic Church
Emlenton, Pa*

Faith Formation Confidential Release Form 2025-2026

This form must be completed & returned at registration or before classes begin for the student to be admitted to class. Complete front and back of form. Permission forms for specific events will be sent out separately as needed. This form remains on record and is valid for one year.

Photographic Images of Children and Youth

A release form must be sent out to parents when children will be photographed for news, publicity, newsletter, brochures, etc. Initial permission is given here for my child to be photographed for program purposes; Beloved Disciple's website and/or Facebook page, classroom projects, group pictures at liturgies, and parish religious education events.

My child(ren) may be photographed:

YES ☐ **NO** ☐ **Parent(s)/Guardian initials** _____

Medical Authorization

In the event an emergency injury or illness to our/my child(ren) during Religious Education, if the parents or the emergency contacts cannot be reached, we/I hereby give our/my permission to Beloved Disciple Parish (or supervising adult from parish) for the necessary emergency treatment to be given to our/my respective heirs, and our/my respective legal representatives, so hereby indemnify and hold harmless any employee or representative of Beloved Disciple Parish and the above named supervising adult(s) from the parish from any and all claims, demands and causes of action of whatever kind and nature for their actions taken pursuant to this authority. I/We agree that in case of injury to our/my child, we will apply our/my hospitalization and/or accident insurance toward the payment of the expenses **Parent(s)/Guardian initials** _____

Indemnification

I/We hereby release and save harmless Beloved Disciple Parish, their agents, successors, legal representatives and any and all of its employees from any and all liability for any and all harm arising to my/our son/daughter as a result of his/her participation in the Faith Formation Program.

Parent(s)/Guardian initials _____

Children's Safe Environment Inservice

All parish Religious Education programs are required by the US Bishops Conference to in-service their students every year for Safe Environment. Please check one option below. **My child(ren) can participate in the Safe Environment Video and discussion to be held during one Faith Formation session this religious education year:**

- ☐ **I give permission for Beloved Disciple Parish to in-service my child(ren).**
☐ **I will in-service my child(ren) at home with the information provided.**

Signature Required: _____ **Date:** _____

On-Line Education

I give permission for my child(ren) to participate in on-line education sessions via Zoom or any other video conferencing platform, if necessary.

Signature Required: _____ **Date:** _____

Please complete both sides of this form



Student Health Alert: please fill out one box for each child, even if there are no health concerns.

2025/26

Student Name _____

Grade _____

Physical needs that impact learning:

Describe any identified learning needs:

ALLERGIES (food, medicine, or environmental):

Medications taken regularly:

Notes:

2025/26

Student Name _____

Grade _____

Physical needs that impact learning:

Describe any identified learning needs:

ALLERGIES (food, medicine, or environmental):

Medications taken regularly:

Notes:

2025/26

Student Name _____

Grade _____

Physical needs that impact learning:

Describe any identified learning needs:

ALLERGIES (food, medicine, or environmental):

Medications taken regularly:

Notes:

2025/26

Student Name _____

Grade _____

Physical needs that impact learning:

Describe any identified learning needs:

ALLERGIES (food, medicine, or environmental):

Medications taken regularly:

Notes:

2025/26

Student Name _____

Grade _____

Physical needs that impact learning:

Describe any identified learning needs:

ALLERGIES (food, medicine, or environmental):

Medications taken regularly:

Notes:

2025/26

Student Name _____

Grade _____

Physical needs that impact learning:

Describe any identified learning needs:

ALLERGIES (food, medicine, or environmental):

Medications taken regularly:

Notes:

