

West Seneca Regional Catholic Summer Program 2022-2023

Family Name: _____ Parish: _____ Home # _____

Address _____ Zip code _____

Mother's maiden Name: _____ Cell#: _____

Father's Name : _____ Email# _____ Cell# _____

Are there any custody arrangements we need to be aware of? _____ if yes, please attach a copy of pertinent documents.

Child's First & Name	Birthdate	Religious Ed grade 2022-2023	Sacraments Received: Church and dates of	Special Needs (learning, medical, allergies, etc.)
			Baptism: Reconciliation: Eucharist:	
			Baptism: Reconciliation: Eucharist:	
			Baptism: Reconciliation: Eucharist:	

Emergency contacts (during religious education hours)

Name _____ Relationship _____

Phone # _____ Cell Phone # _____

A. (1) I understand that attendance for all 5 days is mandatory. (2) I will be sure not to schedule appointments, vacations, day trips, etc. during the days of the program. (3) As a criteria for participation in this program: (a) I understand that regular Mass attendance is expected throughout the year. (b) My child will perform at least five hours of service; and (c) My child will need to attend two more activities. (4) I also understand that if my child behaves inappropriately, he or she will be asked to leave the program and will be required to attend classes during the regular school year. There are no refunds for students who are expelled.

B. I hereby give my permission for my child to attend and participate fully in all aspects of the West Seneca regional Catholic Summer Program. I understand that in the case of an emergency, every effort will be made to contact me. In the event that I cannot be reached, I give permission to emergency personnel to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. I agree to protect, indemnify, and hold blameless the Diocese of Buffalo, Fourteen Holy Helpers, and Queen of Heaven Parishes from any loss, cost, damage, or expense arising out of or from any accident or other occurrence on or about the premises where religious education activities are taking place, causing injury to any person or property. Parent/Legal Guardian Signature

_____ Date _____

Please call me. I am interested in volunteering as a _____ Catechist _____ Catechist Asst. _____ Office Asst. _____ Lunch Room Asst.

Once again this year the West Seneca Regional Catholic Churches will be holding a Summer Faith Formation Program for **Grades 6 through 10**. This program as well as two other activities and five hours of approved service will fulfill the Diocesan requirements for Faith Formation programming for public school students for the 2022-2023 catechetical year. There is a **\$60.00 per student fee (no discounts)** for this program.

Please read the following over carefully and if it seems that this program would be beneficial to your family, fill out and return the registration form along with your fee to hold your spot. Payment is due, in full, by June 1st.. Full details about the program will be sent to your email mail before the program begins.

By registering your child (ren) you agree to the following:

- The sessions will be held on **Thursday, June 23rd to Wednesday, June 29th**.
- Classes begin promptly every day at **9:00 AM**. On **Thursday through Tuesday** they **end at 3:00 PM** and, on **Wednesday**, they **end at 1:30 PM**.
- **Students will need to attend all five days in order to be exempt from classes during the regular school year.**
- **Please do not plan any field trips, appointments, or other activities during school hours.**
- **If your child is asked to leave the program due to behavior or attendance issues, the registration fee will not be returned.**
- Each student is required to bring a bag lunch on Thursday through Tuesday. **We will provide pizza for lunch on Wednesday. Drinks and morning snacks will be provided everyday of the program.**
- Weekly Mass attendance during the whole year, at least five hours of service, as well as two other activities during the school year is a requirement.

If you have any questions, please contact your Faith Formation Office via email or phone.

Date Registered _____ Amount Paid _____ Date Paid _____ Check # _____ Initials _____