



Faith Formation 2025 - 2026 Registration

Steps to Registering for Formation:

1. Complete the New Parishioner Registration Form (if you are not yet a member of JP2 or MQA).
2. Complete this Faith Formation & Sacramental Preparation Registration Packet.
3. Once your completed form has been received you will be emailed regarding our mandatory Parent Orientation meeting in August. This meeting will go over program expectations, requirements for students preparing for 1st Communion or Confirmation, and volunteer opportunities.

Note

1. Registration will not be considered complete until you have attended the mandatory meeting. The schedule of classes and events will be given out at this meeting.
2. Your family must be registered members of St. John Paul II or Mary Queen of Apostles and regularly attend Mass within the parish to register for Faith Formation.

Deadline to register is August 26, 2025. No registrations will be accepted after this date.

FAMILY LAST NAME _____

Address: _____

Phone: _____ Email: _____

Parent/Guardian Information

1. Name: _____ Relationship: _____
Cell Phone: _____ Email: _____
Occupation: _____

2. Name: _____ Relationship: _____
Cell Phone: _____ Email: _____
Occupation: _____

Student Information

1. Name _____ Birth Date _____
Grade _____ School _____

Sacraments	Date	Parish
Baptism	_____	_____
Eucharist	_____	_____

Allergies, Health issues, comments, etc... _____

2. Name _____ Birth date _____
Grade _____ School _____

Sacraments	Date	Parish
Baptism	_____	_____
Eucharist	_____	_____

Allergies, Health issues, comments, etc... _____

3. Name _____ Birth date _____
Grade _____ School _____

Sacraments	Date	Parish
Baptism	_____	_____
Eucharist	_____	_____

Allergies, Health issues, comments, etc... _____

4. Name _____
Grade _____

Birth date _____
School _____

Sacraments

Date

Parish

Baptism

Eucharist

Allergies, Health issues, comments, etc... _____

Is there any other additional information that you would like us to know about your family or child(ren) that will help ensure a successful faith formation experience?

MEDICAL RELEASE (to be signed by parent or legal guardian)

Family physician _____ Phone _____

Address _____

Health Insurance Company _____

Insurance Company Phone _____

Policy Holder Name _____

Contract Number _____ Group Number _____

I authorize the person who presents the minor to sign the Acknowledgement of Receipt of Notice of Privacy Rights that may be presented by the physician or health care facility. This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date _____ Signed _____

Faith Formation Expectations

By registering your child for our faith formation program, you are agreeing to the following:

1. "The Sunday Eucharist is the foundation and confirmation of all Christian Practice" (CCC no. 2181) Therefore, attending Sunday mass is expected of families in the faith formation program. understandably, some may attend mass elsewhere when traveling or with your family, but sporadic mass attendance will result in a phone call and meeting with Father lam and the director of parish life.
2. We encourage parents to attend each Wednesday night session with their child.
3. Missing 3 or more classes without an unexcused absence will result in a meeting with the Director of parish life.
4. All families must be registered and active parishioners. Besides attending mass regularly, this means being involved in parish ministries, and tithing.
5. The fee for the program is \$200 per family, due at registration. please note:
 - a. Families who are registered and active members of the parish can ask this fee to be waived by emailing Fr. lam. He will make a note in the parish record indicating the fee can be waived, thus completing this expectation.
 - B. Families experiencing hardship are asked to speak to fr. lam directly. We do not want financial burdens to be an obstacle for people to come to the lord.

I hereby agree to these terms and acknowledge that failure to comply with these expectations will result in dismissal from our program and loss of the \$200 registration fee.

Parent signature: _____ Date: _____



GRAND RAPIDS DIOCESE

MEDIA RELATIONS/PROMOTIONS RELEASE FORM

NAME: _____

ADDRESS: _____
STREET CITY STATE ZIP

PHONE: _____

IF PERSON BEING USED IN THE MATERIAL IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM.

I/WE GIVE MY/OUR PERMISSION TO THE ROMAN CATHOLIC DIOCESE OF GRAND RAPIDS, MICHIGAN, (THE DIOCESE) AND ALL ENTITIES, REPRESENTATIVES, EMPLOYEES, AND AGENTS OPERATING UNDER ITS AUTHORITY TO USE, WITHOUT PRIOR NOTICE, MY NAME OR MY MINOR CHILD'S NAME, CITY AND STATE, AND/OR AUDIO, VIDEO(S), PHOTO(S), AND/OR ANY OTHER LIKENESS AND TO USE STATEMENTS MADE BY OR ATTRIBUTED TO ME OR MY CHILD RELATING TO THE DIOCESE, WITHOUT COMPENSATION, FOR WEB, SOCIAL MEDIA, PUBLICITY OR SIMILAR PROMOTIONS FOR THE DIOCESE. I WAIVE MY RIGHT TO INSPECT OR APPROVE SUCH PUBLICATIONS, INCLUDING ANY WRITTEN COPY THAT MAY BE CREATED IN CONNECTION THEREWITH. ***I/WE AGREE THAT MY/OUR SIGNATURE(S) BELOW RELEASES ANY AND ALL CLAIMS AGAINST THE ROMAN CATHOLIC DIOCESE OF GRAND RAPIDS, OR ITS ASSOCIATED ENTITIES RELATED TO OR ARISING OUT OF THE DIOCESE'S USE OF THE STATED ITEMS AS MEDIA RELATIONS/PROMOTIONAL MATERIAL(S).***

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YES, I GRANT PERMISSION FOR RELEASE

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NO, I DO NOT GRANT PERMISSION FOR RELEASE

SIGNATURE OF INDIVIDUAL (IF 18 OR OLDER): _____

DATE: _____

NAME OF PARENT/LEGAL GUARDIAN (PRINT): _____

SIGNATURE OF PARENT/LEGAL GUARDIAN:

_____ DATE: _____

IF INDIVIDUAL REFERENCED ABOVE IS UNDER 18, PLEASE INDICATE YOUR RELATIONSHIP TO THAT PERSON:
