

## FAMILY FAITH FORMATION CONSENT FORM

Please print clearly and legibly. Please sign and date each area of consent and return with completed registration form.

1. Our family has received and read the Mission Statement and policy handout for the Family Faith Formation program and Sacramental Preparation program at St. Kateri Tekakwitha Catholic Church and agree to follow the guidelines stated in the handout.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

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

2. Permission is granted for my family (including children) to be photographed or videotaped for use in the parish bulletin, community/archdiocese newspaper articles, website, etc. This may occur during the celebration of the Mass, classes, service events, social events and other parish gatherings.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

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

3. It is understood that if my child(ren) is/are absent 4 times within a program year, we will make arrangements with the Director of Faith Formation for additional formation opportunities. Failure to do so may prevent advancement and/or delay celebration of a Sacrament.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

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

(Revised 8/2015)