Faith Formation Program Registration † Saint Luke's Catholic Church

Please complete both pages of this form, only **ONE** form per family is necessary.

Faith Formation Program fee is $25 per child for regular classes and $55 per child for First Communion and Confirmation classes. Please make checks payable to ST. LUKE'S Faith Formation.

Please note: If you have any children beyond the 2nd grade who have not received First Communion please contact Jenny Nielsen the Faith Formation Office. Please add additional children on the back of this form.

Child's name: _____ Age: _____ Grade: _____ Amt Due: _____

Birthday: _____ Baptismal Date: _____ (Month & year if you don't know the date)

Child's name: _____ Age: _____ Grade: _____ Amt Due: _____

Birthday: _____ Baptismal Date: _____ (Month & year if you don't know the date)

Child's name: _____ Age: _____ Grade: _____ Amt Due: _____

Birthday: _____ Baptismal Date: _____ (Month & year if you don't know the date)

Child's name: _____ Age: _____ Grade: _____ Amt Due: _____

Birthday: _____ Baptismal Date: _____ (Month & year if you don't know the date)

Total Amount Due: $_____ Amount Paid: $ _____ (Cash / Check)

Father's Name: _____ Work Place & Phone: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Mother's Name: _____ Work Place and Phone: _____

Child's Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____Parent email addresses:_____

If single parent household, please indicate custodial parent: _____

Preferred form of communication: Email: _____ Text: _____ Phone: _____

Medical/Food Allergies: _____

PLEASE NOTE: All information on this form is kept confidential, including your email address.

Emergency Contact Information (other than yourselves):

Name: _____ Phone Number: _____ Cell Phone: _____

No Contact Individuals:

Please list any individuals that are not allowed to have contact with your children and should not pick them up:

_____

☐ **I have read and understand the Faith Formation Handbook and agree to abide by all policies therein.**

Signature: _____

Date: _____

Office of the Bishop

CATHOLIC DIOCESE OF GRAND ISLAND

2708 Old Fair Road | Grand Island, NE 68803 | Phone (308)382-6565

To: Priests and Deacons of the Diocese of Grand Island
From: Bishop Joseph G. Hanefeldt
Re: Media Release Policy for Minors
Date: August 7, 2026

Media Release Policy for Minors

(August 7, 2026)

The Diocese of Grand Island is committed to protecting the privacy, dignity, and safety of minors while responsibly using photographs, video recordings, and other media to communicate the mission and ministries of the Diocese, its parishes, and schools.

This policy applies to all diocesan offices, parishes, and schools for communications, publicity, and marketing purposes. Parents or legal guardians shall be provided the opportunity to grant or deny permission for the use of photographs or video recordings of their minor child by completing the media release provided at the time of registration for any activity or event sponsored by the Diocese of Grand Island, its parishes, or schools. No minor whose parent or legal guardian has denied permission shall be intentionally photographed or recorded for the purpose of communications, publicity, and marketing.

Registration Form wording:

__ I/We **grant** permission to the Diocese of Grand Island, its employees, parish staff, school staff, and volunteer leaders to photograph and/or record my/our son/daughter and to use such images for diocesan, parish, or school communications, publicity, and marketing. I/We understand that my/our son/daughter will not be identified by full name and that images will be used in a manner consistent with diocesan Safe Environment policies.

__ I/We **do not grant** permission for the Diocese of Grand Island, its employees, parish staff, school staff, or volunteer leaders to photograph or use images or recordings of my/our son/daughter for diocesan, parish, or school communications, publicity, or marketing purposes.