

Sacred Heart Catholic Church

2017 – 2018 FAITH FORMATION REGISTRATION

507 South 4th Street, Richmond, TX 77469
 Tel: 281-342-8371 Fax: 281-342-9833
 Email: cce@sacredheartrichmond.com
 Website: sacredheartrichmond.com

Faith Formation sessions do not replace going to Mass with your family. See bulletin for Mass times.

FOR OFFICE USE ONLY	
Date Received: _____	By: _____
Paid: CH: _____	CA: _____
CC: _____	FD: _____ Bal: _____
Ref# _____	Date: _____
Emailed Date: _____	To: _____
FA Req. _____	Catechist _____ Aide _____
Early Registration: _____	

FAMILY INFORMATION:

Parent/Guardian (1) Name: _____ Relationship: _____ Preferred First Contact:

Contact Number: _____ Text? Yes No Email: _____

Preferred Contact Method: Email Text Phone Mail

Parent/Guardian (2) Name: _____ Relationship: _____ Preferred First Contact:

Contact Number: _____ Text? Yes No Email: _____

Preferred Contact Method: Email Text Phone Mail

Mailing Address: _____ City: _____ St: _____ Zip: _____

Other Responsible Adult (3) Name: (optional) _____ Relationship: _____ Preferred First Contact:

Contact Number: _____ Text? Yes No Email: _____

Preferred Contact Method: Email Text Phone Mail

His/Her Mailing Address: _____ City: _____ St: _____ Zip: _____

Home Phone Number: _____ Alternate Phone Number: _____

Primary Language at home (if not English): _____

Emergency Contact: (Other than parent) Name: _____

Relationship: _____ Home Phone: _____ Cell Phone: _____

I am interested in carpooling to FF classes. Please share my phone number with others in my neighborhood or area. Yes No

Neighborhood or area: _____

Partners in Faith Formation

Volunteers are 96% of this ministry – The children need your support! How will you help the children grow in Faith this year?

Faith Formation Teacher

Faith Formation Aide

Substitute Teacher

Office Assistant

Safety Monitor

RCIA/Family Catechumenate Team

Middle School Youth Team

High School Youth Team

Dinner after Sunday pm Mass Team

Behind the scenes prep. activities

Other: _____

Volunteer 1 Name: _____ Adult Teen

Session day, grade and time available: _____

I need to complete the Archdiocesan required course of *Protecting God's Children for Adults (Virtus), Keeping the Promise Alive* (5 years since Virtus) or *Jeremiah 1:7* training (if volunteer is over 14 and under 18).

Volunteer 2 Name: _____ Adult Teen

Session day, grade and time available: _____

I need to complete the Archdiocesan required course of *Protecting God's Children for Adults (Virtus), Keeping the Promise Alive* (5 years since Virtus) or *Jeremiah 1:7* training (if volunteer is over 14 and under 18).

Registration Fees:	One Child	More than one child	Faith Formation Teacher Discount	Volunteer Discount
Early Registration: March 1 – June 30, 2017	\$ 60.00	\$ 100.00	Free tuition	1/2 off tuition
Regular Registration: After June 30, 2017	\$ 90.00	\$ 140.00		

Payment can be made with cash, check, credit card, or online with Faith Direct (www.faithdirect.net: select "Give now," Church code of TX136, and "Faith Formation"). Additional Sacramental preparation registration and fees will be discussed at parent meetings. Please watch the bulletin for sacramental preparation meeting dates. Any class time that does not meet minimum capacity may be cancelled. You will be contacted about cancellations or if a class you have requested is full. *Contact the Director of Faith Formation if you have any questions or need financial assistance.*

PLEASE CHOOSE CLASS TIME FOR YOUR CHILD USING THE SCHEDULE BELOW

Sunday 7:00 pm – 8:30 pm High School grades 9, 10, 11, 12
Tuesday 6:00 pm – 7:30 pm PK3, PK4, K, 1, 2, 3, 4, 5
Wednesday 5:00 pm – 6:30 pm PK3, PK4, K, 1, 2, 3, 4, 5
Wednesday 7:00 pm – 8:30 pm 1, 2, 3, 4, 5, and Middle School grades 6, 7, 8
Tuesday 6:30 pm – 8:00 pm RCIA/Family Catechumenate (those needing Baptism or who are from other religions)
Home Study or Attending Parochial School (Please complete the form below)

Child 1: Full Legal Name _____ Date of Birth: _____ Gender (M or F) _____

Nickname: _____ Relationship to Adults on page 1: _____

Please check the Sacraments your child has received: Baptism: _____ Eucharist: _____ Confirmation: _____ Profession of Faith: _____

Catholic Baptism: Yes _____ No _____ Church of Baptism: _____ City, State: _____

Needs Sacramental Preparation: Yes _____ No _____

Youth Cell: _____ Text? Yes ___ No ___ Youth Email: _____

Grade for School Year 2017-2018: _____ School attending: _____ Catholic School? _____

Elementary: First Class Choice: Day _____ Time _____ Second Choice: Day _____ Time _____

Middle School Wed. 7:00pm _____ **High School** Sun. 7:00pm _____ **Home Study** _____ **RCIA/Family Catechumenate** Tues. 6:30pm _____

Medication: My child is taking the following medications: _____

Medical Condition Information: _____

Please list any allergies: (medicine, food, environment, etc.) _____

Please list any conditions that may be an obstacle or challenge to your child's full participation in class: _____

Child 2: Full Legal Name _____ Date of Birth: _____ Gender (M or F) _____

Nickname: _____ Relationship to Adults on page 1: _____

Please check the Sacraments your child has received: Baptism: _____ Eucharist: _____ Confirmation: _____ Profession of Faith: _____

Catholic Baptism: Yes _____ No _____ Church of Baptism: _____ City, State: _____

Needs Sacramental Preparation: Yes _____ No _____

Youth Cell: _____ Text? Yes ___ No ___ Youth Email: _____

Grade for School Year 2017-2018: _____ School attending: _____ Catholic School? _____

Elementary: First Class Choice: Day _____ Time _____ Second Choice: Day _____ Time _____

Middle School Wed. 7:00pm _____ **High School** Sun. 7:00pm _____ **Home Study** _____ **RCIA/Family Catechumenate** Tues. 6:30pm _____

Medication: My child is taking the following medications: _____

Medical Condition Information: _____

Please list any allergies: (medicine, food, environment, etc.) _____

Please list any conditions that may be an obstacle to your child's full participation in class: _____

PLEASE CHOOSE CLASS TIME FOR YOUR CHILD USING THE SCHEDULE BELOW

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Tuesday 6 :30 pm – 8:00 pm RCIA/Family Catechumenate (those needing Baptism or who are from other religions)
Home Study or Attending Parochial School (Please complete the form below)

Child 3: Full Legal Name _____ Date of Birth: _____ Gender (M or F) _____

Nickname: _____ Relationship to Adults on page 1: _____

Please check the Sacraments your child has received: Baptism: _____ Eucharist: _____ Confirmation: _____ Profession of Faith: _____

Catholic Baptism: Yes _____ No _____ Church of Baptism: _____ City, State: _____

Needs Sacramental Preparation: Yes _____ No _____

Youth Cell: _____ Text? Yes ___ No ___ Youth Email: _____

Grade for School Year 2017-2018: _____ School attending: _____ Catholic School? _____

Elementary: First Class Choice: Day _____ Time _____ Second Choice: Day _____ Time _____

Middle School Wed. 7:00pm _____ **High School** Sun. 7:00pm _____ **Home Study** _____ **RCIA/Family Catechumenate** Tues. 6:30pm _____

Medication: My child is taking the following medications: _____

Medical Condition Information: _____

Please list any allergies: (medicine, food, environment, etc.) _____

Please list any conditions that may be an obstacle or challenge to your child's full participation in class: _____

Child 4: Full Legal Name _____ Date of Birth: _____ Gender (M or F) _____

Nickname: _____ Relationship to Adults on page 1: _____

Please check the Sacraments your child has received: Baptism: _____ Eucharist: _____ Confirmation: _____ Profession of Faith: _____

Catholic Baptism: Yes _____ No _____ Church of Baptism: _____ City, State: _____

Needs Sacramental Preparation: Yes _____ No _____

Youth Cell: _____ Text? Yes ___ No ___ Youth Email: _____

Grade for School Year 2017-2018: _____ School attending: _____ Catholic School? _____

Elementary: First Class Choice: Day _____ Time _____ Second Choice: Day _____ Time _____

Middle School Wed. 7:00pm _____ **High School** Sun. 7:00pm _____ **Home Study** _____ **RCIA/Family Catechumenate** Tues. 6:30pm _____

Medication: My child is taking the following medications: _____

Medical Condition Information: _____

Please list any allergies: (medicine, food, environment, etc.) _____

Please list any conditions that may be an obstacle to your child's full participation in class: _____

Sacred Heart Catholic Church
Parental/Guardian Medical Consent Form and Liability Waiver

Parent/Guardian 1: _____ Cell _____ Email _____

Parent/Guardian 2: _____ Cell _____ Email _____

Child's Home Address _____ City _____ Zip _____

In the event of an emergency, and if you are unable to reach me, contact:

Name and relationship _____ Phone: _____

Family Doctor _____ Phone: _____

Insurance Information: ____ No, I do not carry medical insurance at this time.

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

Release of Students:

It is the responsibility of the parents or legal guardian to inform the Office of Faith Formation if a student can only be picked up by one designated person who is the sole managing conservator.

Video/Photography:

As a parent/guardian, I understand that pictures and videos (individual and group) will be taken during events. Ex: Vacation Bible School, All Things Girl Camp, Faith Formation classes and Confirmation. Sometimes these images are used in the bulletin and on our website to show our parishioners the wonderful things your children are doing.

Medical Matters:

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor and I understand that all financial obligations are my responsibility.

Medical Consent and Liability Waiver

To be filled out by the Parent/Guardian for youth under 18 years of age. If participant is 18 years of age or older, consent must be signed by the individual.

I, (name of parent/guardian) _____, grant permission for my child(ren) to participate in activities related to Faith Formation and/or Youth Ministry to be held from August 1, 2017 to August 31, 2018, at Sacred Heart Catholic Church, 507 South 4th Street, Richmond, TX 77469.

In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.

Signature (Parent/Guardian) must sign for anyone under 18 years of age

Date

Signature (Participant 18 years of age or older must sign own consent)

Date