

2016-2017 Children/Youth Faith Formation REGISTRATION FORM

St. Clare of Assisi Catholic Church, 3131 El Dorado Blvd., Houston, Texas 77059, 281.286.7729

Welcome to St. Clare of Assisi Catholic Church Faith Formation Program. It is our privilege and honor to accompany your child(ren) through their faith journey this year. There are programs to accommodate all age groups, from Pre-K (age 3 years) through high school.

Sandra Trevino: Pre-K - 5th Grades
Children's Faith & Family Formation
sandra.trevino@stclarehouston.org

→ C-4 Junior High ←
(6th Grade - 8th Grade)

Chris Stevenson: Freshmen - Seniors
Thrive - Freshmen/Sophomores
Leadership— Juniors/Seniors
chris.stevenson@stclarehouston.org

LAST NAME OF CHILD(REN): _____ LAST NAME OF PARENT(S), If Different: _____

Was your child(ren) enrolled in Faith Formation during the 2015-2016 school year? Yes ___ No ___. Name of Parish _____

Please Select The Faith Formation Session(s) For Your Child(ren):

- CFFGS** – PreK 3 - K: *Catechesis of the Good Shepherd*, meet weekly on Wednesdays 4:45 p.m. – 6:00 p.m.
- CFF** – 1st - 5th Grades: *Finding God* a Loyola Press publication, meet weekly on Wednesdays 4:45 p.m. – 6:00 p.m.
- C-4W** – 6th - 8th Grades: *Finding God* a Loyola Press publication, meet weekly on Wednesdays 4:45 p.m. – 6:00 p.m.
- FFF** – PreK 3 - 5th Grades: Family Faith Formation, *Catechesis of the Good Shepherd*, meet bi-monthly on Sundays 9:00 am –10:45 am
- C-4S** – 6th - 8th Grades: Family Faith Formation, *Catechesis of the Good Shepherd*, meet bi-monthly on Sundays 9:00 a.m.-10:45 a.m.
- T** - Thrive: 9th and 10th Grades, meet Sundays ~ 6:45 p.m. (after the 5:30 Mass) – 8:00 p.m., as scheduled
- LE** - Leadership: 11th and 12th Grades, meet Tuesdays 6:00-7:30 p.m.
- SC** - Sacramental Preparation: Please check which Sacrament(s) your child requires:
 - 1st Reconciliation (monthly on Sundays 1:00-3:00 p.m.)
 - 1st Eucharist (2nd Grade or higher) monthly on Sundays 1:00-3:00 p.m.
 - Confirmation (10th Grade or higher) Please refer to high school calendar for dates/times

Attendance of classes is required for the child to progress to receiving the Sacrament(s). Attending only a portion of a class will be considered missing the entire class.

1. If your child attends St. Clare Catholic School, but is a member of a different Parish, please specify name of Parish: _____
2. List each child to be enrolled in Faith Formation and also indicate the sacrament(s) the child has celebrated on page two of this form.
3. If your child was baptized in another faith other than Catholic, indicate "NC" (Non-Catholic) on page two, under column **B** "Baptism".

First Name	Middle Name	Birthdate	Grade	B	R	E	C	Name of Public School	T-Shirt Size

Any child who has not received First Reconciliation and First Eucharist must attend Sacramental Preparation courses in order to be eligible to receive the Sacraments. Any teen under the age of 18 in 10th - 12th grades who has not received Confirmation, must attend additional scheduled events, such as retreats, etc. Requirements for First Reconciliation, First Eucharist or Confirmation are available on request. Additional charges are noted below. **Students must have completed one (1) year of faith formation prior to registering for Sacramental Preparation. If the prior year of faith formation was not completed at St. Clare, please provide documentation from the church/school attended:**

Name of Church/School Attended: _____ Address _____

NOTICE: Students enrolling in First Reconciliation and First Eucharist **MUST** provide documentation of their Baptism **with this form. We can not register your child without proper documentation.**

Please list any of your children who have special needs. Is there any information which would be helpful to the student's catechist? _____

Fees:

- One (1) Child \$50.00
- Two (2) Children \$90.00
- Three (3) or more Children \$120.00

REGISTRATION:

Tuition: Number of Children _____ \$ _____ +

Plus Sacramental Preparation Fee(s):

First Reconciliation \$40 **PLUS** First Eucharist \$40 \$ _____ +

Confirmation: \$50/per teen (Add'l fees will be due \$ _____ +

for other events, sacramental prep, retreats, etc)

Optional Donation for Providing Pizza for Thrive/Leadership:

Donation for a Thrive Night: \$120 \$ _____ +

Donation for a Leadership Night: \$50 \$ _____ +

Donation of \$25/\$50/\$75/ \$___ Other \$ _____ =

TOTAL AMOUNT DUE: \$ _____

***Please make check payable to St. Clare of Assisi & mail or turn in all monies to the parish office; do not give to the teachers or staff.**

- Payment is paid in full with this Application
- Partial Payment of \$_____ is attached; I will pay the balance of my fee(s) on _____.
- I would like to pay my fee(s) in installments of \$_____ payable on the _____ of each month beginning _____, 2016.
- Please contact me at the following telephone number _____ to discuss.

No one will be denied participation in the Faith Formation Program due to financial difficulties.

Adult Volunteer Opportunities: (Check the areas you would like to volunteer)

- Catechist/Assist. Catechist - Wednesdays
- Catechist/Assist. Catechist - Sundays
- 1st Reconciliation/Eucharist
- Family Faith Formation/CGS
- Community Events: Church Picnic, Soup/Stations, Parish Mission, etc.
- Vacation Bible School
- High School Ministry
- Confirmation

THE FOLLOWING SPACE FOR OFFICE USE ONLY:

Registration Date:	
Amount due:	
Amount received:	
Cash/check #	
Balance due:	

Medical Consent

In the event of an emergency, I hereby give permission to the staff of St. Clare of Assisi Catholic Church to seek emergency medical transport and/or treatment of my child(ren) listed. I will be responsible for all costs incurred. I wish to be advised before further care is given by the hospital or doctor. If I cannot be reached, please contact:

Name & Relationship _____

Phone: _____

Family Doctor _____

Phone: _____

Insurance Name _____

Group Number _____

Insurance Phone Number _____

[Check here if not insured](#)

Signature of Parent/Guardian _____

Date _____

Video/Photography Consent

As parent/guardian, I understand that promotional pictures and videos, (individual and group), may be taken during any of the Faith Formation classes or other activities. I give permission for my child(ren)'s pictures to be used for Church promotional materials such as newsletters, webpages, calendars, presentations, or videos to promote or highlight these classes or activities.

Signature of Parent/Guardian _____

Date _____

Liability Waiver

In the event of any accident or injury, I, _____, agree on behalf of myself, my child(ren) listed, my child(ren)'s other parent, if known and living, and our heirs, successors, and assigns, to hold harmless and defend the Archdiocese of Galveston-Houston, the pastor, or any representative of Faith Formation and Youth Ministry, unless the parties involved were careless and negligent.

Signature of Parent/Guardian _____

Date _____

Please list medical conditions, medications or allergies:

Parents/Guardians:

All blanks must be filled in. **Please Print LEGIBLY!**

	Primary Parent/Guardian	Secondary Parent/Guardian
First Name		
Last Name		
Address		
Address		
City / State / Zip		
Home Phone		
Cell Phone		
Work Phone		
Email Address		
Religion		
Relationship	Mother/Father/Guardian Grandparent/Other Relative	Mother/Father/Guardian Grandparent/Other Relative

**PLEASE CIRCLE THE PREFERRED CONTACT INFORMATION ABOVE
(TELEPHONE NUMBER AND EMAIL ADDRESS)**