



St. Angela Merici Faith Formation
 Kindergarten - High School
 Family Registration Form 2011 - 2012

Family Last Name _____ Home Phone _____

Father's Name _____ Religion _____

Cell Number _____ Work Number _____

Mother's Name _____ Religion _____

Cell Number _____ Work Number _____

Home Address _____
 Street City Zip

Primary Contact Email Address _____

Emergency Name and Number (during class time) _____

Are you a registered Parishioner? _____ Yes _____ No (If not please register online or in person)

Schedule for the 2011-2012
 Faith Formation Year

(Times and Days Subject to change with notification)



- **KIDS CLUB:** Elementary: Kindergarten - 5th Grade
 Session A: Mondays 4 PM—5: 15 PM
 Session M: Mondays 6 PM—7:15 PM
 Session B: Tuesdays 4 PM—5: 15 PM
 Session C: Tuesdays 6 PM—7: 15 PM
 Session D: Home & Family done in individual families

- *1st Penance & 1st Eucharist Preparation: 2nd Grade (or older)
 Attends 2nd Grade CCE & does additional preparation at home.*



- **The EDGE:** Middle School: 6—8th Grades
 Sundays 2-4 PM



- **LifeTeen:** High School: 9-12th Grades
 Sundays 6-8 PM

- *Confirmation Preparation: 10th Grade (or older)
 Sundays: Attends LifeTeen and meet separately once a month.
 (Youth are eligible for Confirmation preparation only after previous year of CCE, LifeTeen, or Catholic School)*

PARENT GUARDIAN CONCENT & LIABILITY WAIVER

Participant's Names: _____ Date: _____
 (All Children participating this year)

Parent(s)/Guardian(s) Name(s): _____

Medical Matters

I hereby warrant to the best of my knowledge, my children are in good health, and I assume all responsibility for the health of my children. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my children to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Emergency Contact

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

Name & Relationship _____ Phone _____

Family Doctor _____ Phone _____

Medical Condition Information *(We will take responsible care to ensure that this information is held in confidence)*

List any conditions which it is important for those caring for your children to know for the 1 -2 years that they in our care.

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

Insurance Carrier _____ Policy Number: _____

VIDEO/PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my children's picture to be used for promotional materials (newsletters, web page, bulletin, calendars, power point, video etc.) in highlighting the event.

 Signature (Parent/Guardian)

 Date

CONSENT & LIABILITY WAIVER

I (name of parent/guardian) _____, grant permission for my child(ren), (all minor participant's names from this family) _____ to participate in scheduled

Faith Formation year of activities to be held at the Community Life Center of St. Angela Merici Catholic Church.

I agree on behalf of myself, my children's other parent if known or living (name of parent), _____ my children named herein, or our heirs, successors, and assigns and defend the Archdiocese of Galveston-Houston, the sponsoring parish (it's pastor, youth ministry leader, principal, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless and negligent.

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

 Signature (Parent/Guardian)

 Date

**** Fill in one Student Information Box for each child in the family which will attend Faith Formation ****

Student Information

Child's Name _____ Sex: M / F Date of Birth _____

Grade (2011-2012) _____ School _____

____ **KIDS CLUB:** Elementary CCE **GRADE:** Kindergarten 1st 2nd 3rd 4th 5th
(Circle Grade & Session which apply)

SESSION: A M B C D

If 2nd Grade or above is this child seeking 1st Penance & 1st Eucharist Preparation this year: YES NO

____ **The EDGE:** Middle School Youth Ministry **GRADE:** 6th 7th 8th

SESSION: Sundays, 2 -4 PM

____ **LifeTeen:** High School Youth Ministry **GRADE:** 9th 10th 11th 12th

SESSION: Sundays, 6 -8 PM

If 10th Grade or above; is this child seeking Confirmation Preparation this year YES NO

-----**All Students**-----

Sacraments Previously Received (Circle all that Apply)

Baptism	1st Confession	1st Communion	Confirmation
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FAITH FORMATION VOLUNTEERS

VOLUNTEERS NAME: _____ **PHONE:** _____

EMAIL: _____

Check below any of the Faith Formation volunteer positions that might interest you. For some of these ministries, it will be a year of development as we prepare for our new building. Rest assured your gifts and talents will be needed as we grow.

CHILDREN'S MINISTRIES



___ Children's Liturgy of The Word (Sundays at 9:00 & 10:45 Masses)

___ **KID'S CLUB:** Elementary CCE catechist **GRADE:** Kindergarten 1st 2nd 3rd 4th 5th
(Circle those which apply)

SESSION: A M B C D

___ Prayer Team for KID'S Club **POSITION:** Catechist Aide Workroom Traffic

YOUTH MINISTRY



___ **The EDGE** Core Team: Middle School Youth Ministry

POSITION: Core Team Food Team Prayer Support

___ **LifeTeen** Core Team: High School Youth Ministry



POSITION: Core Team Food Team Prayer Support

___ Confirmation Program

ADULT FAITH FORMATION

___ Adult Faith Formation Planning Team (To assist in planning Adult Education Offerings)

___ Adult Faith Formation Hosting (To assist in hosting Adult Education) Offerings)

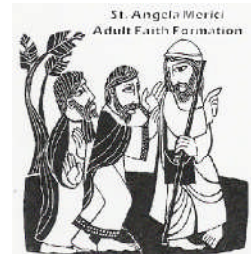
___ Lenten Mission Team (Preparing for Lent 2012)

___ Adult Confirmation Catechist (Spring 2012)

___ R.C.I. A. Rite of Christian Initiation of Adults.

___ Leadership Team

___ Sponsor



OTHER INTERESTS: _____

PROTECTING OUR CHILDREN (VIRTUS) TRAINING

If you would like to be involved in a ministry working with our children or teens, the Archdiocese of Galveston-Houston requires that you are trained through their Safe Environment/VIRTUS program. You can register online for a convenient VIRTUS workshop at www.virtus.org (choose Galveston-Houston Archdiocese and fill out form to choose a session)

If you have already received this training through the Archdiocese of Galveston-Houston please check here. _____

Tuition: Due with Registration

Tuition Fee Schedule

One Child—\$70

Two Children—\$120

or Three or more children—\$150

(Total number of children in Faith Formation K-12th Grades apply)

Home & Family: for those who will teach their own child at home. Elementary ONLY. Per Child—\$50.

The Edge & LifeTeen have an Additional \$ 20 book fee to be paid only once in each program.

Sacramental Preparation Fee Schedule (in addition to Tuition)

Sacraments of 1st Reconciliation & 1st Communion Preparation: Additional \$40 (for additional books & supplies)
(Children are eligible for these 2 sacraments during 2nd Grade or beyond with the previous year of formation)

Sacrament of Confirmation Preparation: Additional \$40 (for additional books & supplies)
(Youth are eligible for Confirmation Preparation in their Sophomore Year of High School with previous year CCE, LifeTeen or Catholic School)

All Students who are entering a sacramental preparation year; 1st Penance, 1st Eucharist or Confirmation Preparation, must submit a copy of their Baptismal Certificate to the Office by December.

CALCULATE FEES
(Carry over all that apply)

Amounts

Total Number of Children in Faith Formation: 1 = \$70 2 = \$120 3 + = \$150

1st Penance & 1st Eucharist Preparation Year: \$40 Sacramental Fee \$_____+

Confirmation Preparation Year: \$40 Sacramental Fee \$_____+

The Edge (1st Year Attending): \$20 Book Fee* \$_____+

LifeTeen (1st Year Attending): \$20 Book Fee* \$_____+

* Book fee is only for incoming 6th or 9th Graders or for those beginning their 1st year with St. Angela.

Total Fees: _____

(Any Family requesting to receive a scholarship or have your fees partially waived please speak privately with the Faith Formation Office.)

Amount enclosed _____

Make checks payable to St. Angela Merici Catholic Church.
Mail to 6140 Hwy 6 PMB 99, Missouri City, TX 77459
Or drop off at the Parish Office.

Office Use Only
Date Received _____
Amount Paid _____
Check No. _____
Bill Remaining _____