

**ST. MARK'S CATHOLIC COMMUNITY  
FAITH FORMATION  
REGISTRATION REQUIRMENTS  
2010/2011**



**Faith Formation Classes:** Registration documents MUST be completed and submitted with the necessary registration fees by August 16, 2010.

- Faith Formation Registration form
- Parish Agreement form
- Copy of Baptismal Certificate for first graders or children new to the church *\*\*First Communion is a two year process.*
- Faith Formation Stewardship Form (on back of this form)
- Children registering for Pre-School must be completely toilet-trained and 3 years of age by September 1, 2010

**Confirmation (grades 9-12):** Must also be registered in the Faith Formation Axiom program.

- Complete the Confirmation Registration Form.
- Copy of Baptismal Certificate

**Faith Formation Stewardship Volunteer Descriptions:**

CATECHISTS: Responsible for teaching children the Catholic Faith. Plan weekly lessons, conduct weekly classes and attend Faith Formation meetings. Materials, training, and classroom assistance is provided. Catechists are required to be certified (or working toward certification). Attendance at the annual Diocesan Fall Conference is recommended (scholarships available upon request).

CATECHIST ASSISTANT/CO-TEACHER: Assist and support Catechist. Duties will vary for each age level and attendance at Faith Formation meetings is necessary. Level of involvement is determined by the Catechist & Assistant/Co-Teacher.

SUBSTITUTE CATECHIST: Fills in for Catechists or Assistants/Co-Teachers in their absence. Program Director will provide help and assistance for those filling in on short notice.

PROGRAM AIDE: Provides assistance and support for Program Director primarily during class time. Assistance with set-up and closing procedures may be necessary.

Faith Formation Stewardship Form

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**I would like to assist in the following program(s):**

**Axiom (grades 9-12) Sunday 7-8:30:** \_\_\_\_\_

**Catalyst (grades 6-8) Wed. 6:30-8pm:** \_\_\_\_\_

**Elementary (Grades 1-5):** Sun 9:40 -10:50am: \_\_ Wed. 4:30-6pm: \_\_ Wed. 6:30-8pm: \_\_\_\_\_

**Pre-school (select age group and class time):** 3-yr old\*\* \_\_\_\_\_ 4-yr old \_\_\_\_\_ Kindergarten \_\_\_\_\_  
8:30 Mass \_\_\_\_\_ 11 am Mass \_\_\_\_\_

**Children's Liturgy of the Word:** 8:30 Mass \_\_\_\_\_ 11 am Mass \_\_\_\_\_

**Vacation Bible School (June):** \_\_\_\_\_

**I would like to assist as:**

**Catechist:** \_\_\_\_\_ **Catechist Assistant:** \_\_\_\_\_

**Substitute Catechist:** \_\_\_\_\_ **Program Aide:** \_\_\_\_\_

**Office Support:** as needed \_\_\_\_\_ **Snack/Food Helper:** \_\_\_\_\_

# 2010-2011 ST. MARK'S CATHOLIC COMMUNITY FAMILY REGISTRATION FOR FAITH FORMATION



Last name: \_\_\_\_\_

Email (primary means of communication): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell: \_\_\_\_\_ Catholic? Y N

Mother's name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell: \_\_\_\_\_ Catholic? Y N

### Emergency Contact Information (other than parent)

List two (2) neighbors or nearby relatives who will assume temporary care of your child(ren), if you cannot be reached. Please make sure they are aware they are on the emergency form and may be contacted.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

△ May we use photos of your family members for promotion/publicity/other in print or on our web site? Y N

**Registration Requirements:** Parish Registration is a prerequisite for enrollment.

Fees: Payment must be received at time of registration

\* Parish Family Agreement completed and approved by Pastor: \$30 per child, \$60 per family maximum

\* Non-registered/Non-supporting members \$60 per child, \$120 per family maximum

Need-based scholarships are available for registered families; please contact the parish office for an application.

FOR OFFICE USE ONLY: Registered? \_\_\_ Agreement Approved? \_\_\_ Amt Paid: \_\_\_\_\_

## PERMISSION AND LIABILITY RELEASE

Family physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that my child needs to be transported to a hospital and I cannot be reached, I authorize St. Mark's Catholic Community employees to take the necessary steps so that medical treatment can be rendered quickly. In consideration for making these decisions in my absence, I hereby release and hold harmless St. Mark's Catholic Community, the Faith Formation Program, its employees, appointees, and/or volunteers from any liabilities for the events that could occur as a result of this emergency situation. I also consent to my child's receiving any medical treatment deemed necessary by the examining physician.

I understand St. Mark's parish, staff, and stewards are not responsible for my child/children should he/she decide to leave the immediate area where a program/activity is taking place or choose to stay after a program/activity has taken place.

Using the numbers 1-4 to designate each child (as listed on p. 2), please indicate which ones are given these special permissions:

1 2 3 4 To participate in off-site community service projects

When my child/children in grades 6-12 requests, I approve of giving him/her the following over-the-counter medications (mark the medications with an X, or use the numbers as above if needed to indicate specific children only.)

\_\_\_\_\_ Aspirin \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Acetaminophen \_\_\_\_\_ Immodium \_\_\_\_\_ Pepto Bismal

Signature of Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

**REGISTRATION DEADLINE --- AUGUST 16, 2010**



# ST. MARK'S CATHOLIC COMMUNITY

FAITH FORMATION, ST. MARK'S SCHOOL, BISHOP KELLY  
PARISH FAMILY AGREEMENT FOR SUBSIDIZED RATES

*Stewardship is a way of life that recognizes and receives God's gift with gratitude, cultivates them responsibly, shares them generously and sacrificially with others and stands before the Lord in a spirit of accountability.*

St. Mark's Catholic Community offers to every registered parish member the benefits of Mass and the Sacraments as well as other opportunities for spiritual and personal growth. As a Stewardship parish we are all called to support Catholic Education and parish ministries for all who seek enrichment in our faith especially those preparing for the Sacraments.

Discipleship calls us to more than membership; it calls us to be active stewards with our Time, Talent, and Treasure. The mission of the parish is to provide pastoral care for the community. In universal communion with Christ's faithful people, we proclaim and live the Good News of salvation through prayer, service, and giving. As a registered parish member you are asked to *exemplify the following*:

- **Time: Regular attendance to Sunday Mass and Holy Days of Obligation at St. Mark's and**
  - ~ Committed to a weekly hour of Eucharistic Adoration and/or,
  - ~ Committed to regular prayer time as a family and/or,
  - ~ Serving as a Lector, Usher, Greeter or Extraordinary Minister at Mass and/or,
  - ~ Reaching out to those who cannot attend Mass.

We, \_\_\_\_\_ (Family Name) acknowledge that we are members of St. Mark's Catholic Community and are committed to the stewardship of time by our regular attendance at Mass and Holy Days and our commitment to prayer or service.

\_\_\_\_\_  
Signature

- **Talent: Regular active participation in:**
  - ~ One or more ministries at St. Mark's parish and
  - ~ Volunteer to help at St. Mark's School, Bishop Kelly or Faith Formation and/or,
  - ~ Reaching out to those less fortunate.

We, \_\_\_\_\_ (Family Name) acknowledge that we are members of St. Mark's Catholic Community and are committed to the stewardship of talent by our participation in one or more ministries **and have completed an annual stewardship renewal form.**

\_\_\_\_\_  
Signature

- **Treasure: Sharing of your financial resources by:**
  - ~ Striving to gift 5% of your gross annual income to St. Mark's by using contribution envelopes and
  - ~ Striving to gift 1% to the Diocesan Annual Appeal (ICA) and
  - ~ Striving to gift 4% to other charities

We, \_\_\_\_\_ (Family Name) acknowledge that we are members of St. Mark's Catholic Community and are committed to the stewardship of treasure by our regular contributions of treasure via contribution envelopes, checks or electronic funds transfer **and have completed an annual stewardship treasure renewal card.**

\_\_\_\_\_  
Signature

OVER

**Family:**

*We reaffirm our commitments to be good stewards by our commitment to time, talent and treasure and ask the parish to support our children in their Catholic education. We understand that my child/ren's enrollment in a Catholic School or Faith Formation class is contingent upon the way I practice my faith.*

\_\_\_\_\_  
*Name: Male head of household*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name: Female head of household*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**PASTOR:**

On behalf of the parish community, I affirm the parish's mission to provide pastoral care for the community and to nurture its active members in the practice of their Catholic faith. I gratefully accept your commitment to the stewardship way of life.

\_\_\_\_\_  
*Pastor*

\_\_\_\_\_  
*Date*

**OR**

Our records do not reflect a Stewardship Renewal Form/Card on file. I have a responsibility to all parishioners to verify that those seeking subsidized rates are truly part of our parish community. If you have recently completed a Stewardship Form/Card your request will be reviewed in the Fall. If we do not show that you are an active member of the parish, you will be asked to pay the full rate of tuition.

\_\_\_\_\_  
*Pastor*

\_\_\_\_\_  
*Date*

<b>FOR OFFICE USE ONLY:</b>		
Registered: ___/___/___	Stewardship Form Received: ___/___/___	Treasure Card Received: ___/___/___
Current Active Ministries: _____		
Treasure Gifts: # of times _____ Monthly/Weekly last 12 months		