

**ST. MARK'S CATHOLIC COMMUNITY  
FAITH FORMATION  
REGISTRATION REQUIRMENTS  
2011/2012**



**Faith Formation Classes:** Registration documents MUST be completed and submitted with the necessary registration fees by August 16, 2011.

- Faith Formation Registration form
- Parish Agreement form
- 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, 2011

**First Communion (includes Reconciliation):**

- Two Year Process
- Copy of Baptismal Certificate
  - First graders or children new to the church

**Confirmation:**

- Two Year Process
- Copy of Baptismal Certificate
- Complete the Confirmation Registration Form.

**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:** \_\_\_\_\_

# 2011-2012 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: \_\_\_\_\_

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

### **Registration & Tuition Fees** *Payment must be received at time of registration*

\*Active Members: Parish Family Agreement completed and approved by Pastor

- **Registration Fees:** \$30 per child, \$60 per family maximum
- **Tuition Fees:** Parish Supported

\*Non-registered/Non-supporting members

- **Registration Fees:** \$60 per child, \$120 per family maximum
- **Tuition Fees:** \$360.00 per child (average cost per student)

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.

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, 2011**

**CHILD # 1**

Name: \_\_\_\_\_ Gender: M F Date of birth: \_\_\_/\_\_\_/\_\_\_  
 Email: \_\_\_\_\_ Current school: \_\_\_\_\_  
 Projected year for high school graduation: \_\_\_\_\_ 2011-12 grade: \_\_\_\_\_

**Class Selection**

Axiom (grades 9-12) Sunday 7-8:30: \_\_\_\_\_ Catalyst (grades 6-8) Wed. 6:30-8pm: \_\_\_\_\_  
 Confirmation (grades 8-12) Sunday 4:30-6pm \_\_\_\_\_ (Also complete Confirmation Registration Form)  
 Elementary (grades 3-5) select one: Sun 9:40 -10:50am: \_\_\_ Wed. 4:30-6pm: \_\_\_ Wed. 6:30-8pm: \_\_\_  
 First Communion (grades 1-2): select one: 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 \_\_\_\_\_

Special Needs: medical, learning or physical disabilities, allergies or special requests: \_\_\_\_\_

**CHILD # 2**

Name: \_\_\_\_\_ Gender: M F Date of birth: \_\_\_/\_\_\_/\_\_\_  
 Email: \_\_\_\_\_ Current school: \_\_\_\_\_  
 Projected year for high school graduation: \_\_\_\_\_ 2011-12 grade: \_\_\_\_\_

**Class Selection**

Axiom (grades 9-12) Sunday 7-8:30: \_\_\_\_\_ Catalyst (grades 6-8) Wed. 6:30-8pm: \_\_\_\_\_  
 Confirmation (grades 8-12) Sunday 4:30-6pm \_\_\_\_\_ (Also complete Confirmation Registration Form)  
 Elementary (grades 3-5) select one: Sun 9:40 -10:50am: \_\_\_ Wed. 4:30-6pm: \_\_\_ Wed. 6:30-8pm: \_\_\_  
 First Communion (grades 1-2): select one: 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 \_\_\_\_\_

Special Needs: medical, learning or physical disabilities, allergies or special requests: \_\_\_\_\_

**CHILD # 3**

Name: \_\_\_\_\_ Gender: M F Date of birth: \_\_\_/\_\_\_/\_\_\_  
 Email: \_\_\_\_\_ Current school: \_\_\_\_\_  
 Projected year for high school graduation: \_\_\_\_\_ 2011-12 grade: \_\_\_\_\_

**Class Selection**

Axiom (grades 9-12) Sunday 7-8:30: \_\_\_\_\_ Catalyst (grades 6-8) Wed. 6:30-8pm: \_\_\_\_\_  
 Confirmation (grades 8-12) Sunday 4:30-6pm \_\_\_\_\_ (Also complete Confirmation Registration Form)  
 Elementary (grades 3-5) select one: Sun 9:40 -10:50am: \_\_\_ Wed. 4:30-6pm: \_\_\_ Wed. 6:30-8pm: \_\_\_  
 First Communion (grades 1-2): select one: 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 \_\_\_\_\_

Special Needs: medical, learning or physical disabilities, allergies or special requests: \_\_\_\_\_

\*\*3-yr olds must be 3 by Sept. 1, 2011 and toilet-trained.

# St. Mark's Catholic Community 2011 Parish Family Agreement

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

Discipleship calls us to more than membership; it calls us to active stewardship. To support all ministries (which includes Catholic Education), we need your active stewardship in this parish. Stewardship is an act of belonging and involvement. It is an act of recognizing God's providence to us and our obligation to manage it wisely. It is using our gifts of time, talent, and treasure to accomplish God's work.

## **ACTIVE STEWARDSHIP (PARISHIONER):**

- Registered member of St. Mark's for at least one year.
- Current Annual Stewardship Commitment Card on file (completed every Oct/Nov)
- Regular Mass attendance on Sundays & Holy Days of Obligation at St. Mark's Parish.
- At least one Adult member of the household is committed and active in at least one parish ministry.
- Committed to Biblical tithing with a goal of 5% of gross income to parish, 1% to Annual Diocesan Appeal and 4% of gross income to other charities.
- Resolute in fulfilling your annual commitment to the parish.
- Complete and submit Stewardship Reflection report (April, July, & Oct)

## **NON-ACTIVE & NON-PARISHIONERS:**

- Must pay the full rate of tuition.

### *Parents or Guardians*

I reaffirm my commitment be a good steward through my example and my actions. I ask the support of my parish in nurturing my faith as I strive to form my children as disciples through Catholic education. I pledge my cooperation with the parish and its ministries, and I will make every effort to supervise my children's commitment as well. I understand that my request for subsidized tuition in Faith Formation Classes, St. Mark's Parish School and/or Bishop Kelly High School is contingent upon the way I practice my faith as an active parishioner.

We are requesting subsidy for:

Faith Formation: \_\_\_\_\_ St. Mark's Parish School: \_\_\_\_\_ Bishop Kelly: \_\_\_\_\_

\_\_\_\_\_  
*Male Head of Household Name*

\_\_\_\_\_  
*signature*

\_\_\_\_\_  
*Female Head of Household Name*

\_\_\_\_\_  
*signature*

(over ➤)

