

Please provide Family Last Name: _____.

St. Clare of Assisi Catholic Church

**3131 El Dorado Blvd.
Houston, TX 77059**

**2019-2020 Faith Formation & Sacramental Prep Registration Form
18 Months - 12th Grade**

Welcome to St. Clare of Assisi Catholic Church Faith Formation Program. It is our privilege to accompany your family's faith journey in the upcoming year. There are programs to accommodate all age groups, from 18 Months through High School. **When Registration Form is completed, please turn into Parish Office Monday-Thursday 8:30a.m.— 9:00p.m. or Friday 8:30a.m.— 4 p.m.**

Please read the Registration Form carefully.

In the case that you need further clarification or have questions regarding the Faith Formation, please contact one of the following staff members:

Sandra Trevino
18 Months - 6th Grade
Sandra.Trevino@stclarehouston.org
(281) 286-7729 ext. 119

Chris Stevenson
7th-12th Grade
Chris.Stevenson@stclarehouston.org
(281) 286-7729 ext. 136

Alicia Steinkuehler
7th-12th Grade Assistant
Alicia.Steinkuehler@stclarehouston.org
(281) 286-7729 ext. 121

Liz Stewart
Parish Receptionist
Liz.Stewart@stclarehouston.org
(281) 286-7729

Please provide the information below:

Was your child(ren) enrolled in Faith Formation during the 2018-2019 school year? **Yes** ___ **No** ___.

If the prior year of Faith Formation was not completed at St. Clare, please provide the name of the **Church/School attended:** _____

Address: _____

If your child(ren) attends St. Clare Catholic School, but is a member of a different Parish, please specify name of **Parish:** _____

Address: _____

Please provide the Parent/Guardian information below:

Please <u>Print</u> LEGIBLY!	Primary Parent/Guardian	Secondary Parent/Guardian
First Name		
Last Name		
Address		
City/State/Zip		
Home Phone		
Cell Phone		
Work Phone		
Email Address		
Religion		
Last VIRTUS TRAINING Date		
Relationship (Please Circle) If <i>Other Relative</i> Please Specify	Mother/Father/Guardian/ Grandparent/ <i>Other Relative:</i>	Mother/Father/Guardian/ Grandparent/ <i>Other Relative:</i>
Preferred Method of Contact:		
Last Name of Child(ren)		

Please provide the information below for your child(ren):

If your child was baptized in another faith other than Catholic, indicate "NC" (Non-Catholic) under column B "Baptized"

B-Baptized/R-Reconciliation/E -1st Eucharist /C-Confirmation

First Name	Middle Name	Birthdate	Grade	Name of School or Home Schooled	T- Shirt Size	Sacraments Received			
						B	R	E	C

Liability Waiver

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

Signature of Parent/Guardian

Date

Medical Consent

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

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

Adult's Name _____

Phone _____

Family Doctor _____

Phone _____

Family Dentist _____

Phone _____

Insurance Name _____

Group Number _____

Insurance Phone Number _____

Check here if not insured

Please list medical conditions, medications or allergies; specify which child(ren).

IS THERE ANY ADDITIONAL INFORMATION ABOUT YOUR CHILD'S LEARNING BEHAVIOR THAT WOULD BE HELPFUL TO THE TEACHER?

Signature of Parent/Guardian

Date

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 son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video, etc.) in highlighting the event. **Check here if you do not consent**

Signature of Parent/Guardian

Date

Please select all the Faith Formation Sessions that apply for your child(ren):

SUNDAYS

WEDNESDAYS

<input type="checkbox"/>	18 Months—6th Grade / ARISE
TIME: Bi-Monthly on Sundays 9:00a.m.—10:45a.m.	
<input type="checkbox"/>	7th—8th Grade / IMPACT
TIME: Bi-Monthly Sundays 7:00p.m.— 8:00p.m.	
<input type="checkbox"/>	9th—10th Grade / THRIVE
TIME: Sundays 7:00p.m.— 8:00p.m.	

<input type="checkbox"/>	PreK 3— 2nd Grade / ARISE
TIME: Wednesdays 4:45p.m.— 6:00p.m.	
<input type="checkbox"/>	3rd—6th Grade / ARISE
TIME: Wednesdays 4:45p.m.— 6:00p.m.	
<input type="checkbox"/>	11th—12th Grade / LEADERSHIP
TIME: Wednesdays 6:00p.m.— 7:30p.m.	

- Students must complete one (1) year of Faith Formation prior to registering for Sacramental Preparation.
- Resources for Programs include Catechesis of the Good Shepherd, Finding God by Loyola Press, Archdiocese of Galveston-Houston Catechetical Framework for Lifelong Learning, The Catholic Faith Handbook for Youth, Youth Catechism of the Catholic Church, & the New American Bible, Revised Edition (NABRE).
- Orientation dates and times will be communicated once the Registration Form is submitted.

If applicable, please select all the Sacramental Prep Programs that apply for your child(ren):

<input type="checkbox"/>	1st Reconciliation & 1st Eucharist*
TIME: Monthly Sundays 1:00p.m.— 3:00p.m.	
AGE: 2nd Grade or Higher with having completed 1 Year of Faith Formation	
<input type="checkbox"/>	Confirmation*
TIME: Monthly Sundays 7:00p.m.— 8:00p.m.	
AGE: Sophomore or Higher with having completed 1 Year of Faith Formation	

***Parent(s) must contact your child’s place of Baptism to request a record of baptism, dated within the last 6 months.**

This same procedure applies to those who were baptized at St. Clare’s.

- If your child attended Faith Formation at a different Church/School last year, we will cross-reference the Church/School information provided on page 1 of this Registration Form for verification.
- Requirements for 1st Reconciliation, 1st Eucharist, and Confirmation will be highlighted at their respective Orientations. Dates & times for these Orientations will be communicated via email after Registration is completed.

~Office Use Only~ Copy of Baptismal Certificate Received by: _____

Opportunities for Parents

Our Program relies on parents like yourself to help pass on the Catholic Faith.

We will contact you to discuss in what capacity you are most comfortable in assisting us based on our needs.

“Each one must give as he has decided in his heart, not reluctantly or under compulsion, for God loves a cheerful giver.” 2 Corinthians 9:7

Please check the time(s) that you are interested in:

SUNDAYS

18 Months—6th Grade / ARISE

TIME: Bi-Monthly on Sundays 9:00a.m.—10:45a.m.

7th—8th Grade / IMPACT

TIME: Bi-Monthly Sundays 7:00p.m.— 8:00p.m.

9th—10th Grade / THRIVE

TIME: Sundays 7:00p.m.— 8:00p.m.

2nd Grade or Older /

TIME: Monthly **Sundays** 1:00p.m.— 3:00p.m.

Freshman or Older/ Confirmation

TIME: Monthly **Sundays** 7:00p.m.— 8:00p.m.

VARIOUS TIMES

Community Events

TIME: Throughout the year

All Saints Festival, Church Picnic, Soup & Stations,

WEDNESDAYS

PreK 3— 2nd Grade / ARISE

TIME: Wednesdays 4:45p.m.— 6:00p.m.

3rd—6th Grade / ARISE

TIME: Wednesdays 4:45p.m.— 6:00p.m.

11th—12th Grade / LEADERSHIP

TIME: Wednesdays 6:00p.m.— 7:30p.m.

Registration Fees

Fees cover material costs, books, and expenses related to each Program.

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

Faith Formation Program

18 Months—6th Grade: \$50.00 per Child	X Number of Children: _____	\$ _____ +
7th Grade—12th Grade: \$75.00 per Teen	X Number of Children: _____	\$ _____ +

Subtotal: \$ _____

Sacramental Prep Program

1st Reconciliation & 1st Eucharist Registration Fee: \$80.00 per Child	Number of Children: _____	\$ _____ +
Confirmation Registration Fee: Must be a Sophomore or Higher with having completed 1 Year of Faith Formation \$325.00 per Teen	Number of Children: _____	\$ _____ +

Subtotal w/ Sacramental Prep: \$ _____

Optional Donation: Sponsor Pizza Night for Junior High or High School
Corporal Work of Mercy: Feed the Hungry

Please Circle:	\$ _____ +
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FINAL AMOUNT DUE: \$ _____

PAYMENT PAID IN FULL - Checks made payable to: St. Clare of Assisi Catholic Church \$ _____

PARTIAL PAYMENT PAID WITH THIS REGISTRATION \$ _____ +

I would like to pay my fee(s) in installments payable on the _____ of each month beginning _____, 2019. \$ _____ .

~Office Use only~ Date Received: _____ Amount: \$ _____
Check # _____ Cash: _____ Balance Due: \$ _____