ST. THOMAS AQUINAS CATHOLIC CHURCH

Faith Formation Registration 2020-2021

 ***Preschool, Elementary, Middle, and High School***

**Registered Member of Parish? Yes\_\_\_\_\_ No\_\_\_\_\_ Primary Phone (**\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please circle one: home mother’s cell father’s cell**

**Secondary Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please circle one: home mother’s cell father’s cell**

**Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***Please print clearly***

**Parent Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registered Member of Parish? Yes\_\_\_\_\_\_ No\_\_\_\_\_**

**Family Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Please circle one: home mother’s cell father’s cell**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please circle one: home mother’s cell father’s cell**

 **State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Child #1** | **Child #2**  | **Child #3**  |
| First and Last name |  |  |  |
| **Grade Fall 2020**  |  |  |  |
| **Gender (Circle one)**  |  M F |  M F  |  M F |
| **Name of School** |  |  |  |
| Birth Date/Age\* |  |  |  |
| Session option choice (A-G) |  |  |  |
| Special Needs |  |  |  |
| **Please check sacraments*****already* celebrated** | Baptism \_\_\_\_\_\_\_\_Reconciliation \_\_\_\_\_\_\_\_First Communion\_\_\_\_\_\_\_Confirmation \_\_\_\_\_\_\_\_ | Baptism \_\_\_\_\_\_\_\_Reconciliation \_\_\_\_\_\_\_\_First Communion\_\_\_\_\_\_\_Confirmation \_\_\_\_\_\_\_\_ | Baptism \_\_\_\_\_\_\_\_Reconciliation \_\_\_\_\_\_\_\_First Communion\_\_\_\_\_\_\_Confirmation \_\_\_\_\_\_\_\_ |
| *FOR OFFICE USE ONLY* | Grade Time Room | Grade Time Room | Grade TimeRoom |

\*Faith Formation sessions are designed for age-appropriate instruction. If we are able to meet at the parish and gather by grade level, children will not be placed in a group higher than an age-appropriate level.

**Registration Fees:**

**See the fee schedule included in this packet. REGISTRATION IS DUE AUGUST 31, 2020.**

**Registrations after August 31 will incur increased fees.**

***for office use only:***

**Date of Registration:**

***A minimum deposit is required at the time of registration.***

**All balances are due 9/1/20 unless other arrangements have been made.**

**Do not delay your registration due to financial circumstances. Contact us to make other payment arrangements.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *for office use only* | \_\_\_ Visa | \_\_\_ MasterCard | \_\_\_ Discover | \_\_\_ AmEx |
| Total Reg. Fee: $\_\_\_\_\_\_\_\_\_ | Check / Receipt #\_\_\_\_\_\_\_\_ | Check / Receipt Date: \_\_\_\_\_\_\_\_ | Received by: \_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_ |
| Amount of Deposit: $\_\_\_\_\_\_\_\_\_ | Check / Receipt #\_\_\_\_\_\_\_\_ | Check / Receipt Date: \_\_\_\_\_\_\_\_ | Received by: \_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_ |
| Bal. Due 9/1/20: $\_\_\_\_\_\_\_\_\_ | Check / Receipt #\_\_\_\_\_\_\_\_ | Check / Receipt Date: \_\_\_\_\_\_\_\_ | Received by: \_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_ |

**\*\*\* PARENTS, PLEASE READ AND SIGN \*\*\***

I understand the responsibility of serving as the primary teacher of my children in matters of faith, and will share and participate in the Catholic faith with them. I further understand that children who do not regularly participate in Sunday Liturgy will not be prepared to celebrate the sacrament of First Eucharist or Confirmation. I understand that my child(ren) share(s) the obligation of all Catholics to attend Mass on Sundays and Holy Days, whether it be within the church building or at home when attendance at Mass in-person is not a possibility. The St. Thomas Aquinas Faith Formation program is designed to promote participation in liturgy and faith sharing by the whole family,

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

 \*\*\*\*PLEASE complete other side

PLEASE READ CAREFULLY AND BE SURE TO COMPLETE ALL FOUR SECTIONS

If faith formation for children should resume within the parish setting, we must have this information on file.

* **ST. THOMAS AQUINAS MEDICAL RELEASE:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Child #1** | **Child #2** | **Child #3** |
| **First and Last Name** |  |  |  |
| **Date of Birth** |  |  |  |
| **Medications Being Taken** |  |  |  |
| **Dosage of Medications** |  |  |  |
| **Drug or Other Allergies** |  |  |  |
| **Health Problems/Limitations** |  |  |  |

**Parent/Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian’s Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child(ren) to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital. If you are unable to reach me, contact:

 Emergency contact & relation to child(ren)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are unable to reach parent/guardian or the emergency contact person, I hereby give permission for the doctor and hospital to exercise professional judgment in treating the child.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_

* **PHOTO/SOCIAL MEDIA RELEASE**:

Throughout the Faith Formation year, video and photographs may be taken, and possibly used for publication in the Church Bulletin, on bulletin boards, on the parish website, on social media and in local papers.

I give consent for my child(ren) to be photographed during the 2020-2021 Faith Formation year:

 **(Please initial)** Yes\_\_\_\_\_\_\_ or No\_\_\_\_\_

* **EMAIL RELEASE:**

I give consent for my email address to be given to my child(ren)’s catechists so they can communicate with parents:

 **(Please initial)** Yes\_\_\_\_\_ or No\_\_\_\_\_\_

* **VIRTUS SAFE ENVIRONMENT TRAINING:**

In response to Article 12 of the *USCCB Charter for the Protection of Children and Young People*, the Archdiocese of Atlanta is providing all parishes and schools with the Safe Environment program from VIRTUS called “Protecting God’s Children”. When elementary school, middle school and high school children and youth return to faith formation sessions within the St. Thomas Aquinas building, the Faith Formation Department will present this program to them during Faith Formation sessions. This program is part of our ongoing effort to help create and maintain safe environments for all children and youth and to protect them from sexual abuse.

The lesson will offered to all students enrolled in faith formation. As a parent, you have the right to choose whether or not your child participates in the program. We encourage you to read the “overview”, “parent guide”, and “lesson plan” assigned to your child’s age group to understand exactly what your child will be taught. All of these materials are available at www.archatl.com/ministries-services/safe-environment/parent-information.

I give consent for my child(ren) to attend the VIRTUS Safe Environment training:

###  (Please initial) Yes\_\_\_\_\_\_ or No\_\_\_\_\_\_