



# St. Gabriel the Archangel Growing In Faith Together (GIFT) K-5<sup>th</sup> Christian Formation for Children 2018-2019

We must have a copy of all children's baptismal certificates with registration. If baptized at St Gabriel, please indicate so we can verify in the permanent record.  
Fees cover costs of the program, and are \$100 per child for the year. \$120 for non-parish members.  
Fees are not refundable.

## FAMILY INFORMATION:

MOTHER: \_\_\_\_\_

FATHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER: MOM: \_\_\_\_\_ DAD: \_\_\_\_\_

PREFERRED EMAILS FOR NOTIFICATIONS: \_\_\_\_\_

\_\_\_\_\_

Parish ID # (this can be found on offering envelopes) \_\_\_\_\_

## CHILD INFORMATION

FIRST, MIDDLE, LAST NAME: \_\_\_\_\_

GRADE FOR 2018-2019: CIRCLE: K 1 2 3 4 5

SESSION CHOICE: MONDAY 6:00 or TUESDAY 4:30 (only session for kinder)

DATE OF BIRTH: \_\_\_\_\_

CITY, STATE OF BIRTH: \_\_\_\_\_

DATE OF BAPTISM: \_\_\_\_\_

CHURCH and CITY OF BAPTISM: \_\_\_\_\_

YEAR IF COMPLETED: RECONCILIATION: \_\_\_\_\_ CONFIRMATION: \_\_\_\_\_ COMMUNION: \_\_\_\_\_

GRADE, NAME OF SCHOOL, AND DISTRICT: \_\_\_\_\_

circle district: CC DV CC SC PRIVATE CATHOLIC

SACRAMENT PREPARATION REQUESTED FOR 2018-2019? RECONCILIATION CONFIRMATION/COMMUNION

ALLOW TO PICK-UP CHILD: \_\_\_\_\_

## SACRAMENTS

Please Read: Diocesan Age for Reconciliation is over age 7, in second grade or higher. Reconciliation must be celebrated at least 6 months prior to Confirmation/First Communion, which generally follows in grade 3. Our Sacrament Preparation process is three years: 1st grade is year one of basic beliefs, 2nd grade is geared toward Reconciliation, 3rd grade is Confirmation/First Communion. Children who have not celebrated these sacraments by grade 4 should register for RCIA adapted for children. See calendar for Sacrament Preparation schedule.  
Fees for snacks, retreats, and materials for the program: Reconciliation: \$25, Confirmation/First Communion \$35

CHILD: \_\_\_\_\_

**ALLERGIES, HEALTH, OR BEHAVIOR ISSUES:**

PLEASE NOTE: If your child is on an IEP at school, please share that information with our office. We do have a special form to be filled out so we can better accommodate him/her in the classroom. Because our catechists are generally NOT professional teachers, we work with them to accommodate a variety of classroom issues. If we are aware of a behavioral or learning issue, it helps us know what strategies to employ for maximum benefit for the child. We would not want to harm a child by assuming he/she was misbehaving in a malicious way, when it is a problem they cannot control. We always try to place children in a position where they can have a positive classroom experience.

**EMERGENCY INFORMATION    EMERGENCY CONTACT: \_\_\_\_\_**

**Every effort will be made to contact and inform the parents or guardians in case of a medical emergency, serious injury or surgical illness when immediate intervention is necessary. On rare occasions parents or guardian cannot be reached. Accordingly, parents or guardian are requested to sign the following:**

We/I hereby give permission to St. Gabriel Parish and its authorized agents in the event of illness or accident to our/my son/daughter (s) listed on the front of this form, to secure and provide medical, dental, or surgical care and treatment for him/her. We hereby give permission and authorize St. Gabriel Parish, its authorized personnel, or agents and those physicians, surgeons, and dentists retained by the church, to give, administer, and render any treatment or aid, including anesthesia or surgery, as necessary to protect, preserve and safeguard our/my son/daughter's life and/or health. We/I further authorize St. Gabriel Parish, through its Formation Office to release information to facilitate the medical or surgical care of our/my son/daughter and as is necessary to facilitate the release of information for the completion of a claim for health insurance. We/I release St. Gabriel Parish from any financial responsibility for the above-referenced treatment.

DOCTOR NAME AND PHONE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

**PHOTO RELEASE**

We/I hereby give permission to St. Gabriel Parish and its authorized agents permission to publish photographs of our/my son/daughter (s) listed on the front of this form, in the St. Gabriel bulletin, website, bulletin boards, or diocesan website or Catholic Sun. There will be no identifiers of the child without specific permission from the parents.

Please Note: We have a professional photographer for Confirmation and First Communion. If the Photo release is not signed, you will not be eligible to utilize his services, and there will be no pictures of your child's sacramental experience.

PARENT SIGNATURE: \_\_\_\_\_

<b>Information in this box for OFFICE USE ONLY</b>			
COPY OF BAPTISM CERTIFICATE _____	Filed with sacrament prep docs _____		
GIFT FEE PAID: \$ _____ # _____	SACRAMENT FEES PAID: _____		
FAMILY MEMBERS IN PARISH DATABASE?    Y    N    # _____	DATA ENTRY BY: _____	DATE: _____	