|  |  |
| --- | --- |
|  | **Faith Formation Registration Form**  Church of Saint clare & Christ Our Light Catholic Church  Faith Formation/Youth Ministry Offices  1 Maria Dr. \* Loudonville, NY 12211 \* Ph. 518 459-6635\*  Kari.kurtz@rcda.org  **2025 – 2026** |

#### Family / Contact Information

|  |  |  |
| --- | --- | --- |
| Family Name |  | |
|
| **Primary Mailing Address** |  | |
|  | |
| **Main Home Phone** |  | |
| E-mail Address |  | |
| Home Parish |  | |
|  | | |
|  | | |
|  | **Parent 1/Guardian Contact Info** | **Parent 2/Guardian Contact Info** |
| Name |  |  |
| **Occupation** |  |  |
| **Work Phone** |  |  |
| **Cell Phone** |  |  |
| **Check if** | Guardian, not Parent | Guardian, not Parent |
| Parent does not live with child | Parent does not live with child |

**Emergency Contacts / Designated Representatives**

The persons indicated here should *not* be one of the parents/guardians listed above.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Name |  | Contact Phone |  |
| Relationship |  | OK to release child to this person  Y  N | |
| 2 | Name |  | Contact Phone |  |
| Relationship |  | OK to release child to this person  Y  N | |

**Dismissal Policy Grade Levels K – 6**

All children in levels K-6 will stay in their gathering space after each session until a parent/guardian arrives to sign an attendance sheet with catechist and pick up your child. *(Please check the box.)*

* **I have read the dismissal policy and understand that my child will remain in the building until he/she is signed out by his/her parent/guardian or designated representative.**

**Youth Volunteers-** CHECK BELOW TO HELP:

|  |  |  |  |
| --- | --- | --- | --- |
| **Greeter (All Ages)** | 4 PM Sat.  10 AM Sun. | **Lector (5th Grade +)** | 4 PM Sat.  10 AM Sun. |
| **Choir (1st Grade +)** | 4 PM Sat.  10 AM Sun. | **Teen Catechist (7th Grade +)** | 5 PM Sun.  6 PM Tues. |
| **Altar Server (4th Grade +)** | 4 PM Sat.  10 AM Sun. | **Usher (10th Grade +)** | 4 PM Sat.  10 AM Sun. |

**ADULT Volunteers-** CHECK BELOW TO HELP: **For the safety of our children, all who are with them sign a Code of Conduct, undergo a Background check, and have Safe Environment Training.**

|  |  |  |  |
| --- | --- | --- | --- |
| **K-6 Catechist/Aide** | K-6 Sun.  K-6 Tues. | **Substitute Catechist** | K-6 Sun.  K-6 Tues.  Teens Sun. |
| **Catechist for Teens** | 7 – 8  9-10  Confirmation | **Gatekeeper** | K-6 Sun.  K-6 Tues.  Teens Sun. |

### Information (if you have more than 3 children in the program please attach another sheet)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child #1** | **Child's Name** |  | | |  | **My child has celebrated the sacraments of** |
| **School** |  | | |  | Baptized  First Reconciliation |
| **Grade** |  | **Birth date** |  |  | First Communion |
|  |  |  |  |  | I allow any video or photograph of my child taken during a parish function to be used in any parish promotional materials and websites. |
| **Grades K-6** | Sun.  5 – 6 PM | Tues.  6:00 PM |  |
| **Grades 7-Confirmation** | Sun.  6:15 – 7:30PM |  |  | MEDICAL: Please list any medical conditions/ allergies |
| Are there any accommodations that may assist us in working with your child |  | |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child #2** | **Child's Name** |  | | |  | **My child has celebrated the sacraments of** |
| **School** |  | | |  | Baptized  First Reconciliation |
| **Grade** |  | **Birth date** |  |  | First Communion |
|  |  |  |  |  | I allow any video or photograph of my child taken during a parish function to be used in any parish promotional materials and websites. |
| **Grades K-6** | Sun.  5 – 6 PM | Tues.  6:00 PM |  |
| **Grades 7-**  **Confirmation** | Sun.  6:15 – 7:30PM |  |  | MEDICAL: Please list any medical conditions/ allergies |
| Are there any accommodations that may assist us in working with your child |  | |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child #3** | **Child's Name** |  | | |  | **My child has celebrated the sacraments of** |
| **School** |  | | |  | Baptized  First Reconciliation |
| **Grade** |  | **Birth date** |  |  | First Communion |
|  |  |  |  |  | I allow any video or photograph of my child taken during a parish function to be used in any parish promotional materials and websites. |
| **Grades K-6** | Sun.  5 – 6 PM | Tues.  6:00 PM |  |
| **Grades 7-**  **Confirmation** | Sun.  6:15 – 7:30PM |  |  | MEDICAL: Please list any medical conditions/ allergies |
| Are there any accommodations that may assist us in working with your child |  | |  |  |

### Registration Fees and Signature:

**If you need to make payment plans or need a scholarship please contact the Faith Formation Office**. Make all checks payable to **Christ Our Light**. Online Payments can be made at <https://tinyurl.com/COLFFregistration>

Registration form and payment is due **by September 1st, 2025.** Thank you!

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1 child** | **2 children** | **3 + children** |  | **Office use only**  Payment Status |
| **Registration fee** | $45 | $80 | $100 |  | Payment enclosed |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sacraments** | **1st Eucharist**  **& Reconciliation**  **$35 fee** | | **Confirmation**  **$80 fee** | |  | **Office use only** | |
| **Parent/guardian signature** | |  | | **Date** | | |  |