



FAITH FORMATION REGISTRATION 2026 – 2027

Cost varies by class – see last sheet

REGISTRATION DEADLINE: AUGUST 23, 2026

Note: All children can participate regardless of financial situation. Call our Religious Education Office for financial assistance or fee reduction.

**Parish Registration is REQUIRED for participation in San Antonio Faith Formation.
Parish registration forms may be obtained from the bulletin or from the Parish Office.**

IS YOUR FAMILY REGISTERED AT SAN ANTONIO PARISH? YES NO

FAMILY INFORMATION

Father Stepfather Grandfather Guardian

Children reside with this person:

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Religion: _____

Home Phone: _____ Mobile: _____ Text Messages: Yes No

Email: _____

Fluent Languages: _____ Marital Status: Married Single Divorced Widowed

Mother Stepmother Grandmother Guardian

Children reside with this person:

Last Name: _____ First Name: _____

Maiden Name (if mother): _____

Street Address: _____

City: _____ State: _____ Zip: _____ Religion: _____

Home Phone: _____ Mobile: _____ Text Messages: Yes No

Email: _____

Fluent Languages: _____ Marital Status: Married Single Divorced Widowed

EMERGENCY (NON-IMMEDIATE FAMILY) CONTACT INFORMATION

**** PLEASE PROVIDE CONTACT INFORMATION OF SOMEONE OTHER THAN PARENT/GUARDIAN LISTED ABOVE ****

Last Name: _____ First Name: _____

Phone Number: _____ Relationship to Children: _____

FOR OFFICE USE ONLY

FEE ATTACHED PAYMENT DUE CREDIT CARD PAYMENT PLAN FINANCIAL ASSISTANCE



FAITH FORMATION REGISTRATION 2026 – 2027

Date Received: _____ Fee Paid: _____ Check/Receipt #: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH CHILD

	CHILD #1	CHILD #2	CHILD #3
Last Name:	_____	_____	_____
First Name:	_____	_____	_____
Middle Name:	_____	_____	_____
Date of Birth:	_____	_____	_____
Birth Location: (City/State)	_____	_____	_____
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age:	_____	_____	_____
School:	_____	_____	_____
Current Grade:	_____	_____	_____
Baptized:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date:	_____	_____	_____
Church:	_____	_____	_____
City/State:	_____	_____	_____
Eucharist:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date:	_____	_____	_____
Church:	_____	_____	_____
City/State:	_____	_____	_____
Confirmation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date:	_____	_____	_____
Church:	_____	_____	_____
City/State:	_____	_____	_____



FAITH FORMATION REGISTRATION 2026 – 2027

Special Needs: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH CHILD

	CHILD #4	CHILD #5	CHILD #6
Last Name:	_____	_____	_____
First Name:	_____	_____	_____
Middle Name:	_____	_____	_____
Date of Birth:	_____	_____	_____
Birth Location: (City/State)	_____	_____	_____
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age:	_____	_____	_____
School:	_____	_____	_____
Current Grade:	_____	_____	_____
Baptized:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date:	_____	_____	_____
Church:	_____	_____	_____
City/State:	_____	_____	_____
Eucharist:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date:	_____	_____	_____
Church:	_____	_____	_____
City/State:	_____	_____	_____
Confirmation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date:	_____	_____	_____
Church:	_____	_____	_____
City/State:	_____	_____	_____



FAITH FORMATION REGISTRATION 2026 – 2027

Special Needs: _____

MEDICAL AUTHORIZATION FOR MINOR(S)

DIOCESAN ENTITY: San Antonio Parish in Port Charlotte, Inc.

EVENT: Religious Education and/or Youth Ministry Sessions August 01, 2026 – July 31, 2027

MEDICAL INFORMATION: Please list all pertinent medical information for each of your children (for example, allergies, medications, physical impairments, learning disabilities, behavioral issues, or any other information necessary in an emergency situation). Explain fully:

NAME OF CHILD	DATE OF BIRTH	MEDICAL ISSUE / SPECIAL NEEDS
NAME OF CHILD	DATE OF BIRTH	MEDICAL ISSUE / SPECIAL NEEDS
NAME OF CHILD	DATE OF BIRTH	MEDICAL ISSUE / SPECIAL NEEDS

In case of illness or injury to the above child(ren), reasonable effort will be made to contact the parent(s) or legal guardian(s) or emergency contact. In case of a medical emergency, 911 will be called. In the event that the parent(s) or legal guardian(s) or emergency contact cannot be notified or are not available, I (we), the parent(s) or legal guardian(s) of the above listed minors, hereby authorize staff of **San Antonio Parish in Port Charlotte, Inc.**, or other pertinent diocesan officials to consent to any x-ray examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a licensed physician in the State of Florida. This authorization is valid for a period of one year from the date of execution.

Parent / Legal Guardian #1:

NAME: _____ HOME PHONE _____ CELL _____

Parent / Legal Guardian #2:

NAME: _____ HOME PHONE _____ CELL _____

Emergency Contact:

NAME: _____ HOME PHONE _____ CELL _____

X _____ X _____



FAITH FORMATION REGISTRATION 2026 – 2027

Signature of Parent(s) or Legal Guardian(s)

Date

PARENT OR LEGAL GUARDIAN CONSENT TO RELEASE MINOR TO THIRD PARTY AND RELEASE OF LIABILITY & AGREEMENT TO INDEMNIFY

DIOCESAN ENTITY: San Antonio Parish in Port Charlotte, Inc.

EVENT: Religious Education and/or Youth Ministry Sessions August 01, 2026 – July 31, 2027

Names of Children: 1. _____ DOB: _____
 2. _____ DOB: _____
 3. _____ DOB: _____

Authorized Drivers, other than Parent(s) or Legal Guardian(s) who may pick up my minor child(ren) from sessions/events *(If no one other than parent(s)/guardian(s) may pick up your child, please write in "None" on the first line.):*

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I, the undersigned parent or legal guardian of the minor(s) listed above hereby give permission for my minor(s) to be released to the adults listed above (upon the provision of picture identification) at any time within the time period that this authorization is valid. I understand that **San Antonio Parish in Port Charlotte, Inc.** may or may not know this third party and makes no representation regarding the individual's character, criminal history, driving record, insurance, or fitness to supervise children. Upon the release of my minor(s) to the above identified third party, **San Antonio Parish in Port Charlotte, Inc.** has no further responsibility for my minor's care or well-being whatsoever.

I hereby release **San Antonio Parish in Port Charlotte, Inc., the Bishop of the Diocese of Venice in Florida, individually and as a corporation sole, and all agents, employees, and volunteers of said entities (hereinafter collectively known as "church")** from any and all liability, including that arising from the negligence of the church that may arise from acting in accord with the terms of this consent. I hereby agree to hold harmless and indemnify the church from any claim that may be made against it arising from this consent.

X _____ X _____
 Parent or Legal Guardian (Please Print) Parent or Legal Guardian Signature Date

COMPLETE THIS SECTION ONLY IF YOUR CHILD IS OVER 16 AND PERMITTED TO DRIVE TO & FROM EVENTS

PERMISSION FOR MINORS TO DRIVE TO AND FROM EVENTS: My child, listed above, is over 16 years of age, has a state-issue driver's license, and may drive to and from events at San Antonio Catholic Church.

X _____ X _____
 Parent or Legal Guardian (Please Print) Parent or Legal Guardian Signature Date



FAITH FORMATION REGISTRATION 2026 – 2027

AUTHORIZATION FOR RELEASE & USE OF IMAGE IN PHOTO, VIDEO, OR OTHER MEDIA

Names of Child(ren): 1. _____ DOB: _____
 2. _____ DOB: _____
 3. _____ DOB: _____

School/Parish/Diocesan Entity: **San Antonio Parish in Port Charlotte, Inc.**

I, the undersigned adult participant or parent or legal guardian of the above named minor participant(s) hereby grant to the above named School/Parish/Diocesan Entity the following irrevocable rights:

1. To use the name, photograph, picture, portrait, voice, appearance, likeness, performance (hereinafter collectively known as “image”) of the above named participant(s) in connection with its educational, promotional, fund-raising activities, or for any other legitimate purpose;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of the above named participant(s) individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio and television), audio or video files, recordings, still photography, CD-ROM and any other manner of media now known or later developed;
3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of the above named participant(s) individually or in conjunction with other images or printed matter on the School/Parish/Diocesan entity’s Internet web site. No personal identifiable information such as name, home address, or phone numbers will be published;
4. The right to record, reproduce, amplify, edit, and simulate the image of the above named participant(s) and all sound effects produced; and
5. The right to copyright, in its own name, works that contain the image of above named participant(s); and
6. The right to assign the above-mentioned rights to third parties.

I understand that the video files, still photos, or other media incorporating the image the above named participant(s) will become the property of the School/Parish/Diocesan Entity. I hereby waive the right to inspect or approve the image or any finished materials that incorporate said image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of the image of the above named participant(s) , and nothing herein will create any obligation on the part of School/Parish/Diocesan Entity to make use of the rights or materials set forth herein.

I hereby release and forever discharge Emilio Biosca Agüero, as Bishop of the Diocese of Venice in Florida, his successors in office, a corporation sole, **San Antonio Parish in Port Charlotte, Inc.**, their agents, employees and assigns from any and all claims demand, rights, and causes of action of whatever kind that may arise from the use of the image of the above named participant(s), including all claims for libel and invasion of privacy.

I hereby certify that I am the above named participant or the parent or legal guardian of the above referenced minor(s), and I give my consent, without reservation, to the above agreement on behalf of myself or said minor. This agreement shall be valid for a period of four years from the date hereof, unless revoked in writing.

X _____ X _____



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If your child will be attending our combined youth group with St. Charles Borromeo, this form must be filled out and signed by both a Parent or Legal Guardian and the student.

Parent or Legal Guardian (Please Print)

Parent or Legal Guardian Signature

Date

YOUTH GROUP MOBILE PHONE AGREEMENT

I understand that Youth Group is a time for faith, fellowship, prayer, discussion, service, and community. I agree that I will not use my mobile phone during Youth Group meetings, activities, prayer time, small group discussions, presentations, or events unless I have permission from an adult Youth Group leader or there is an emergency. I understand that my phone may be silenced, put away, or collected during Youth Group as directed by the Youth Group leaders.

Student Signature: _____ Date: _____



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Explanation of Faith Formation Costs

Note: All children can participate regardless of financial situation. Call our Religious Education Office for financial assistance or fee reduction

Monthly Family Formation Fee with no Sacramental Prep

Church Cost: Classroom per 10kids Grades Pre-K – 5th - Full Year/ \$ 56.95
+ Supplies cost: \$ 50.00 class

Full Year Kit Home Lessons: **\$60.95/family**

Monthly Family Formation with First Communion Prep Additional Fee:

Church Cost: Classroom per 10kids First Reconciliation and First Communion Full Year \$ 119.90
Full Year Books Home Lessons First Reconciliation and First Communion **\$ 35.90 / per child**

Confirmation Prep Fee

Church Cost: Chosen Leader Kit Full Year + = 1 Addt'l leader guide Full Year \$ 192.95
Full Year Student Pack with Online Access **\$ 29.96 / per child**

Grades 6th, 7th, and 8th

Church Cost: Ascension Journey into the Catholic Faith Leader Kit Full Year \$ 159.95
Full Year Student kit **\$ 44.95 / per child**

Examples of Costs for Families * See note above:

- You have a child due for First Communion and an additional child+ that would attend regular religious ed.
The cost would be \$60.95 + \$35.90 = Total 96.85
- You have a child due for Confirmation Prep and an additional child + that would attend regular religious ed.
The cost would be \$60.95 + 29.96 = Total 90.91
- You have 2 children that would attend regular religious ed. (family formation)
The cost would be Total \$60.95
- You have 3 children. One for First Communion, One for 7th grade, One for Confirmation Prep.
The cost would be 60.95 + 35.90 + 29.96 = Total \$126.81



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Dear Families,

Church costs are listed in an effort to be transparent about the cost for our parish Religious Ed. Program. Church costs end up being at least the same for curriculum per family + added operating expenses.

We will do everything in our power to make it as affordable as possible for families. We tried greatly reducing the cost to families and filling in the expenses with donors last year. While we met most of the expenses, we found that families fell off after the Christmas Holiday and so that expense was wasted. This year, we ask that you pay the actual costs for your child's participant curriculum fees, if you are able to.

Of course, we DO NOT want any child to not be able to attend Religious Formation because of lack of ability to pay! We do still have donors willing to help any families in need. Just notify me and I will ask.

May God Bless all of our efforts to bring children closer to God, in deep relationship with Him and His Church.

Peace,
Joyce Barrett, CRE



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Please fill out this order form for classes you/your student will be attending.

Sacramental Prep for First Communion requires participation in monthly Family Formation.

San Antonio Faith Formation Student Fees:	Unit Charge	# Students
Family Formation Home Lessons Kit (K-6 th grade *) <small>*for 6th graders NOT enrolled in Middle School Class</small>	60.95 / per family	_____
Middle School (6th, 7th, & 8th grade) Religious Education	44.95 / per student	_____
Sacramental Prep: First Reconciliation and First Communion	35.90 / per student	_____
Sacramental Prep: Confirmation	29.96 / per student	_____
Total Cost of curriculum for Family:	=	_____

Please make checks payable to: **San Antonio Catholic Church**
 Be sure and put on the **memo line: "Religious Ed"**
 You can also pay by card via the Church's website online giving at:
<https://www.wesharegiving.org/app/giving/WeShare-2474?tab=home>



*Note: If costs are a hardship for your family, please let us know right away and we will ask a donor to help cover the costs.
 No one must feel they cannot attend due to inability to pay. There is help available.!*



FAITH FORMATION REGISTRATION 2026 – 2027

Requirements for Sacramental Prep

Children in Sacramental Prep (First Communion and Confirmation) Year 1 & 2 are required to attend 70% of the classes. If they will be absent, **you must notify me, Joyce** and let me know why so that we can make accommodations, if possible.

If the attendance requirement/or makeup work is not met, your child will not be able to receive the sacrament.

Attendance Requirement Year 2 of Prep:

First Reconciliation / First Communion: 6 of the 9 classes (can only miss 3) + home lessons completed.

Attendance at Rehearsals and the Retreat are mandatory. Family Formation parental participation is required.

Confirmation: 17 of the 25 classes (can only miss 8) + makeup work completed. **Attendance at Rehearsal and the End of Year Confirmation Retreat are mandatory.**

Sacramental Prep in the Diocese of Venice requires 2 years of preparation. Year 1 Prep Requirement for both First Reconciliation/First Communion and Confirmation may be fulfilled by one of either of these methods:

1. Attending a Catholic School for year 1.
2. Attended a Religious Education class for year 1.

Students that don't meet these requirements will not receive the sacrament until they are further catechized.