**MOTHER SETON PARISH** *19951 Father Hurley Blvd, Germantown, MD 20874 | 301-444-3495* **FAITH FORMATION REGISTRATION Fall 2019**

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| FAMILY LAST NAME | | | | | | | *PRIMARY CONTACT INFORMATION* | | | | | | | |
| ADDRESS | | | | | | | PRIMARY EMAIL | | |  | | | | |
| PRIMARY PHONE # | | |  | | | | |
| **FATHER** | Full Name: | | | | | | **MOTHER** | Full Name: | | | | | | |
| Email: |  | | | | | | Email: |  | | | | | | |
| Cell Phone: |  | | | Religion: |  | | Cell Phone: |  | | | | Religion: |  | |
| *If you are Catholic, please check the sacraments the FATHER has received:* | | | | | | | *If you are Catholic, please check the sacraments the MOTHER has received:* | | | | | | | |
| 🞎 Baptism | | 🞎 Eucharist | 🞎 Confirmation | | | 🞎 Marriage | 🞎 Baptism | | 🞎 Eucharist | | 🞎 Confirmation | | | 🞎 Marriage |

**2019 FAITH FORMATION PROGRAMS** *Basic information below, calendars with specific class dates to come. More information at : ------------------------------------------*

OFFICE   
USE:

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| **PRE-K** | **FAMILY FORMATION** | **MIDDLE SCHOOL** | | **RCIC YEAR 1** | **RCIC YEAR 2** |
| *3–4 year-olds\** | *Kindergarten – 6th* | *7th and 8th graders* | | *Late for Sacraments* | *Completed RCIC Yr 1* |
| Class meets twice a month during the 9am mass on Sunday. *\*must be potty-trained* | Students *and parents* attend class once-a-month and do 3 at-home lessons on off-weeks. **Must indicate choice:**  **Sundays (2-3:45pm)** OR  **Mondays (6-7:45pm)**  *Generally first week of month.* | 2-Year Confirmation Prep Program. Meets twice a month on Wednesday night.  7th grade: 5:45-7:30pm  8th grade: 6:45-8:30pm  (Must pay Confirmation sacramental fee both years) | | For the unbaptized and/or students who missed 2nd grade First Eucharist and/or 8th grade Confirmation. Meets Mondays 6-7:45pm,  2-3 times each month, depending on school grade. | 4th-6th gr: See Family Formation box (Sunday option only for RCIC Year 2)  7th-8th gr: See Middle School  9th-12th gr: 6-8pm Sunday night high school youth group and online component. |
| **ADAPTIVE NEEDS** |
| *Kindergarten – 12th grade* |
| First and third Saturday of the month from 9-10am. |
| Is your student currently attending Catholic School? 🞎 Yes 🞎 No | | | *Catholic school students must register when preparing for First Eucharist and Confirmation. For program box below, write “Sacrament Prep.” No tuition is owed but Sacramental fees do apply.* | | |
| If yes, which school: | | |

**REGISTERING STUDENTS** *Note the program for which you are registering each student in the last column. For Family Formation, please choose Sunday or Monday.*

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| **Student Full Name** *please also note the name he/she goes by, if different* | **Date of Birth** | **Grade** Fall 2019 | **Gender** (circle) | Was in religion class **last year**? | Has the student been **baptized**? | Has received **First Eucharist**? | Indicate the specific **program** from above list: |
|  |  |  | M F | 🞎 Yes 🞎 No | 🞎 Yes 🞎 No | 🞎 Yes 🞎 No |  |
|  |  |  | M F | 🞎 Yes 🞎 No | 🞎 Yes 🞎 No | 🞎 Yes 🞎 No |  |
|  |  |  | M F | 🞎 Yes 🞎 No | 🞎 Yes 🞎 No | 🞎 Yes 🞎 No |  |
|  |  |  | M F | 🞎 Yes 🞎 No | 🞎 Yes 🞎 No | 🞎 Yes 🞎 No |  |

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| Is your family registered as  members of Mother Seton Parish? | | | 🞎 YES | | | *If YES, do you have an assigned envelope number? If so, please write it here >* | | | | | | | | *Env #:* |
| 🞎 NO | | | *If NO, please complete the attached Parish Registration Form and return together with this form.* | | | | | | | | |
| Child(ren) live with: | 🞎 Both Parents, one household  🞎 Both Parents, two households | | | | | | | 🞎 Father Only  🞎 Mother Only | | 🞎 Other *Please explain:* | | | | |
| Do any of your children have medical concerns or food allergies? Please list:  *IF NOT, MUST WRITE “NONE” >* | | | |  | | | | | | | | | | |
| Do any of your children have special learning needs/disabilities? Please list:  *IF NOT, MUST WRITE “NONE” >* | | | |  | | | | | | | | | | |
| **MEDICAL RELEASE AUTHORIZATION:** | | In the event of an emergency, I authorize the staff of Mother Seton Parish and/or the nearest medical facility to administer immediate medical attention to my child(ren) if necessary and only if unable to contact me. Signed:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Parent/Legal Guardian Signature Name Printed Date Signed* | | | | | | | | | | | | |
| **STUDENT PICK-UP AUTHORIZATION:** | | In the event that I am unable to pick up my child(ren) from Faith Formation, the following people have my permission to do so: | | | | | | | | | | | | |
| NAME | | | | | | | NAME | | | | NAME | |
| PHONE | | | | | | | PHONE | | | | PHONE | |
| **REGISTRATION FEES** | | | | | | | **VOLUNTEERS NEEDED** | | | | *The success of our programs relies on the generosity of our volunteers. Please check the boxes to indicate your interest and availability to help out.* | | | |
| 🞎 One student only Registration Fee | | | | | $150 | | I am available to lend a helping hand… | | | | | For the following program(s): | | Other/Notes: |
| 🞎 Two or more students Registration Fee | | | | | $220 | | 🞎 During each class time | | | | | 🞎 Pre-K | |  |
| 🞎 Late Fee (registering after August 24th) | | | | | $25 | | 🞎 Outside of class time for occasional   special events or projects | | | | | 🞎 Adaptive Needs | |  |
| ***Sacramental Fees:*** | | | | | | | 🞎 Family Formation | |  |
| 🞎 First Eucharist Fee (2nd graders and   RCIC Elementary Year 2 students) | | | | | $60 | | 🞎 Outside of class time for prepping   materials a couple times a month | | | | | 🞎 Middle School | |  |
| 🞎 RCIC Year 1 | |  |
| 🞎 Confirmation Fee (7th and 8th graders) | | | | | $130 | | By my signature below, I grant permission for my child/ren, to participate in Mother Seton Faith Formation under the guidance and direction of parish employees and/or volunteers from Mother Seton Parish. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor(s). I agree on behalf of myself, my child/ren named herein, or our heirs, successors, and assigns, to hold harmless and defend Mother Seton Parish, its officers, directors, employees and agents, and the Archdiocese of Washington, its employees and agents, chaperones, or representatives associated with MSP, from any claim arising from or in connection with my child/children/teen(s) attending programming or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith. | | | | | | | |
| 🞎 High School RCIC Sacramental Fee | | | | |  | |
| **TOTAL AMOUNT DUE** | | | | |  | |
| *Checks payable to Mother Seton Parish Faith Formation.*  *Payment plans are available, please contact our office.* | | | | | | |

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| INITIAL: |  | Permission is hereby granted to Mother Seton to use the photographs of and/or quotations from my son/daughter to assist in community awareness, educational efforts, and related public relations efforts that may include brochures, posters, website, and print media. |
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| INITIAL: |  | I am the legal parent or legal guardian of the child(ren) and I certify that the information contained on this form is correct. |

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*Parent/Legal Guardian Signature Name Printed Date Signed*