**MOTHER SETON PARISH** *19951 Father Hurley Blvd, Germantown, MD 20874 | 301-444-3495* **FAITH FORMATION REGISTRATION Fall 2020**

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| FAMILY LAST NAME | | | | | | | | | **PRIMARY** EMAIL | | |  | | | | |
| ADDRESS | | | | | | | | | **PRIMARY** PHONE # | | |  | | | | |
| Optional secondary email for communications: | | |  | | | | |
| NAME OF YOUR NEIGHBORHOOD | | | | | | | | | ¨ We have signed up for Flocknote (If not, please text **MSP** to 84576) | | | | | | | |
| **FATHER** | Full Name: | | | | | | | | **MOTHER** | Full Name: | | | | | | |
| 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 |
| Language Parents primarily speak: | | | Child(ren) live with: | | | 🞎 Both Parents, one household  🞎 Both Parents, two households | | | 🞎 Father Only  🞎 Mother Only | | 🞎 Other *Please detail:* | | | | | |

**2020 FAITH FORMATION PROGRAMS *\*\*ALL BEGINNING VIRTUAL IN OCTOBER, WILL REEVALUATE IN JANUARY\*\****  *More details at mothersetonparish.org*

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| **FAMILY FORMATION** | **MIDDLE SCHOOL** | **RCIC YEAR 1** | | **RCIC YEAR 2** | **ADAPTIVE NEEDS** |
| *Pre-K – 6th* | *7th and 8th graders* | *Late for Sacraments* | | *Completed RCIC Yr 1* | *K – 12th grade* |
| Weekly lessons in the home. Once a month drive-by material pick-up. Once a month virtual *Parent* meeting, option of Sunday 2pm or Monday 6pm, early in Month. ***Parent* Materials:**  🞎 English 🞎 Spanish | Weekly at-home content, once a month virtual meeting, usually the last Wed. of the month. 7th @6pm, 8th @7pm.  (Must pay Confirmation sacramental fee both yrs) | For the unbaptized and/or students who missed 2nd grade First Eucharist and/or 8th grade Confirmation. Weekly at-home content and once a month virtual meeting on a Monday at the end of the month. 3-5th grade 6:30pm, 6th-8th grade 7:15pm, High Schoolers 8:00pm. Once a month virtual parent meeting on Monday, usually second of the month. | | Grades 4-6: see Family Formation box.\*  Grades 7-12: Weekly at-home content\*, once a month virtual meeting, usually the last Wednesday of the month. 7th at 6pm, 8th at 7pm, High School also 7pm. \*Includes additional at-home pamphlets and sacramental prep component. | Short virtual meetings twice a month. 10am on Saturdays. |
| Is your student currently attending Catholic School? 🞎 Yes 🞎 No If yes, which school: | | | *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.* | | |

**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 2020 | **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.* | | | | | | |
| 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 | | 🞎 Online during virtual gatherings | | | 🞎 Family Formation | |  |
| 🞎 Late Fee (registering after Sept 13th) | | | | $25 | | 🞎 Outside of class time for occasional   special events or projects | | | 🞎 Adaptive Needs | |  |
| ***Sacramental Fees:*** | | | | | | 🞎 RCIC Year 1 | |  |
| 🞎 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 | |  |
| 🞎 High School | |  |
| 🞎 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 | | | | $130 | |
| **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*