

FAMILY LAST NAME				PRIMARY EMAIL			
ADDRESS				PRIMARY PHONE #			
				Optional secondary email for communications:			
CITY AND STATE			ZIP CODE		<input type="checkbox"/> 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:	
<i>If you are Catholic, please check the sacraments the FATHER has received:</i>				<i>If you are Catholic, please check the sacraments the MOTHER has received:</i>			
<input type="checkbox"/> Baptism		<input type="checkbox"/> Eucharist		<input type="checkbox"/> Confirmation		<input type="checkbox"/> Marriage	
Language Parents primarily speak:	Child(ren) live with:	<input type="checkbox"/> Both Parents, one household <input type="checkbox"/> Both Parents, two households		<input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only		<input type="checkbox"/> Other <i>Please detail:</i>	

2022 FAITH FORMATION PROGRAMS **All classes will be in person starting end of September 2021 * More details at mothersetonparish.org*

FAMILY FORMATION <i>Pre-K – 6th</i>	MIDDLE SCHOOL <i>7th and 8th graders</i>	RCIC YEAR 1 and RCIC HS Y2 <i>Late for Sacraments</i>	RCIC YEAR 2 <i>Completed RCIC Yr 1</i>	ADAPTIVE NEEDS <i>K – 12th grade</i>
Weekly lessons in the home. Once a month parent meeting & student class Monday: 4:45-6PM PRE-K-2 nd grade, 6:30-7:45 PM 3-6 th grade & RCIC YR 2 Elementary Parent Materials: <input type="checkbox"/> English <input type="checkbox"/> Spanish	Grades 7-8: Twice monthly large group and small group meeting. Mondays: 7 th grade- 6:15-7:30 PM 8 th grade- 5:00-6:15 PM (Must pay Confirmation sacramental fee both yrs)	For the unbaptized <u>and/or</u> students who missed 2 nd grade First Eucharist and/or 8 th grade Confirmation. Twice monthly on a Wednesday 5:00 –6:30 PM Levels: Elementary School, Middle School High School High School Yr.2 (grades 10 to 12 Only after successful completion of Yr. 1)	Grades 4-6: see Family Formation box.* Grades 7-9: Twice monthly large group and small group meeting. Mondays 7th grade- 6:15-7:30 PM 8th and 9th grade- 5:00-6:15 PM	Will meet twice a month on a Saturday morning. 9:30 AM-10:30 AM Also fill out supplemental registration form

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.*

REGISTERING STUDENTS *Note the program for which you are registering each student in the last column.*

Student Full Name <i>please also note the name he/she goes by, if different</i>		Grade Fall 2022	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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			M F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			M F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			M F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Office Use

Is your family registered as members of Mother Seton Parish?	<input type="checkbox"/> YES	If YES, do you have an assigned envelope number? If so, please write it here >	Env #:
	<input type="checkbox"/> 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:
	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> Parent/Legal Guardian Signature Name Printed Date Signed </div>

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
	PHONE	PHONE

REGISTRATION FEES	VOLUNTEERS NEEDED						
<input type="checkbox"/> One student only Registration Fee \$150 <input type="checkbox"/> Two or more students Registration Fee \$220 <input type="checkbox"/> Late Fee per family (registering after Sep 9th) \$25 <input type="checkbox"/> Adaptive needs \$50 Sacramental Fees: <input type="checkbox"/> First Eucharist Fee (2 nd graders and RCIC Elementary Year 2 students) \$60 <input type="checkbox"/> Confirmation Fee (7 th and 8 th graders) \$130 <input type="checkbox"/> High School RCIC Sacramental Fee \$130 <div style="background-color: #f2f2f2; padding: 5px; text-align: center;">TOTAL AMOUNT DUE</div>	<div style="text-align: center; font-size: small;"><i>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. All volunteers who are 18+ MUST to be VIRTUS CERTIFIED</i></div> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; padding: 5px;">I am available to lend a helping hand...</td> <td style="width: 25%; border: none; padding: 5px;">For the following program(s):</td> <td style="width: 25%; border: none; padding: 5px;">Other/Notes:</td> </tr> <tr> <td style="border: none; padding: 5px;"> <input type="checkbox"/> Monthly, preparing materials <input type="checkbox"/> During class time as a Catechist <input type="checkbox"/> During class time as a Hall monitor <input type="checkbox"/> Outside of class time for occasional special events or projects </td> <td style="border: none; padding: 5px;"> <input type="checkbox"/> Family Formation <input type="checkbox"/> RCIC Year 1 <input type="checkbox"/> Middle School <input type="checkbox"/> High School </td> <td style="border: none;"></td> </tr> </table>	I am available to lend a helping hand...	For the following program(s):	Other/Notes:	<input type="checkbox"/> Monthly, preparing materials <input type="checkbox"/> During class time as a Catechist <input type="checkbox"/> During class time as a Hall monitor <input type="checkbox"/> Outside of class time for occasional special events or projects	<input type="checkbox"/> Family Formation <input type="checkbox"/> RCIC Year 1 <input type="checkbox"/> Middle School <input type="checkbox"/> High School	
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Checks payable to Mother Seton Parish Faith Formation. Payment plans are available, please contact our office.

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.

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.

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.

Parent/Legal Guardian Signature
Name Printed
Date Signed