## MOTHER SETON PARISH 19951 Father Hurley Blvd, Germantown, MD 20874 | 301-444-3495 FAITH FORMATION REGISTRATION Fall 2023

FAMILY LAST NAME					\IL					
ADDRESS					NE#					
	Additional ema	_								
CITY AND STATE ZIP CODE					☐ We have signed up for Flocknote (If not, please text <b>MSP</b> to 84576)					
FATHER Full Name:					MOTHER Full Name:					
Cell Phone:	Religion:			Cell Phone: Religion		Religion:				
If you are Catholic, please check the	If you are Catholic, please check the sacraments the MOTHER has received:									
☐ Baptism ☐ Eucharist ☐ Confirmation ☐ Marri			riage	☐ Baptism		Eucharist $\Box$	] Confirmation	on E	☐ Marriage	
Language Parents primarily speak:	` '	Both Parents, one hou Both Parents, two hou		☐ Father Only ☐ Mother Only	•					
2023 FAITH FORMATION PI	ROGRAMS *All clas	sses will be in person	starting end o	of September 20	23 * More	details at mother	setonparish.o	rg		
FAMILY FORMATION					CONFIRMATION PREP Year 1 and Year 2 ADAPTIVE NEEDS					
Pre-K – 6th	RCIC ES YEAR 1 and Year 2		Middle Sc	hool: 7 <sup>th</sup> - 8 <sup>th</sup> g	rade	RCIC MS and HS Sacramental Prep		Prep	K – 12 <sup>th</sup> grade	
Once a month parent and student sessions with weekly home lessons.  Monday 5:00-6:15 PM PRE-K - 2 <sup>nd</sup> grade 6:30-7:45 PM 2 <sup>nd</sup> - 6 <sup>th</sup> grade  Parent Materials:	Once a month parent and student sessions with weekly home lessons.  Wednesday 5:30-7:00 PM RCIC ES Y1 grades 3,4 & 5 For the baptized or unbaptized students who missed 2 <sup>nd</sup> grade First Communion. RCIC ES Y2 grades 4,5 & 6 For students		Students and occasionally parents meet twice monthly on Monday  7 <sup>th</sup> grade Y1: 6:00-7:30 PM in the McCabe Center  8 <sup>th</sup> grade Y2: 6:00-8:00 PM in the Parish Center		on mi Cc W ev Ac	For the unbaptized and/or students who missed First Communion and/or 8 <sup>th</sup> -grade Confirmation. Meet twice a month on Wednesdays IN ADDITION to Monday evening Confirmation Prep sessions. Additional sessions are also required the year they receive their sacraments.  Wednesday		Will meet twice a month.  SATURDAY  9:30 AM-10:30 AM  Also fill out supplemental registration form		
☐ English ☐ Spanish	who completed RCIC ES Y1		(Must pay Confirmation sacramental fee both years)			5:30 – 7:00 PM				
Is your student currently attending Catholic School? Yes No Catholic school students must register when preparing for First Eucharist and Confirmation. For the program box below, write "Sacrament Prep." No tuition is owed but Sacramental fees do apply.  FIGISTERING STUDENTS Note the program for which you are registering each student in the last column.										

Student Full Name  please also note the name he/she goes by, if  different	Date of Birth M/D/Y	Grade Fall 2023	Sex (circle)	Was in religion class last year?	Has the student been <b>baptized</b> ?	Has received First Communion?	Indicate the specific <b>program</b> from the above list. For 2 <sup>nd</sup> grade, please indicate the time. (6:30 pm, only 25 Spots)
			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	

Is your family registered as	☐ YES	If YES.	do you have an assigned envelope numb	er? If so, please write it here >	Env #:				
members of Mother Seton P		•	please complete the attached Parish Regi	• • •					
Do any of your children have concerns or food allergies? F	e <u>medical</u> Please list:	.,e, <u>r</u>	rease comprete the attached various negr	otration rolling and retain togethe	. Wen emo journ				
Do any of your children have learning needs/disabilities? IF NOT, MUST WRITE "NONE	e <u>special</u> Please list:								
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 Gua				Date Signed				
STUDENT PICK-UP		I am unab	le to pick up my child(ren) from Faith Foi		ve my permission to do so:				
<b>AUTHORIZATION:</b>	NAME			NAME					
	PHONE		<u>.                                      </u>	PHONE					
REGISTRATION FEES			<b>VOLUNTEERS</b> The success of our programs relies on the generosity of our volunteers. Please check the boxes to indicate your interest and availability. <b>All volunteers who are 18+ MUST to be VIRTUS CERTIFIED</b>						
☐ One student only Registra	ation Fee	\$150	I am available to lend a helping hand	For the following program(s):	Other/Notes:				
☐ Two or more students Re	gistration Fee	\$220	☐ Monthly, preparing materials	☐ Family Formation					
☐ Adaptive needs \$60		☐ During class time as a Catechist☐ During class time as a Hall Monitor☐	☐ RCIC ES ☐ Confirmation Prep MS						
☐ Late Fee per family (register after 8/25/23) \$25			☐ Outside of class time for occasional	☐ RCIC MS & HS					
Additional SACRAMENT FEES:			special events, retreats, or projects ☐ During Class as a Small Group leader for	r					
☐ First Eucharist Fee (2 <sup>nd</sup> graders <u>and</u> \$60  RCIC Elementary Year 2 students)		Confirmation Prep							
☐ Confirmation Fee (7 <sup>th</sup> <u>and</u> 8 <sup>th</sup> 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						
☐ RCIC MS & HS Sacramental Fee \$130									
TOTAL AMOUNT DUE									
Checks payable to <b>Mother So</b> Payment plans are available			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.						
efforts, and	related public relati	ions efforts	con to use the photographs of and/or quotati that may include brochures, posters, website the child(ren) and I certify that the informatio	e, and print media.	in community awareness, educational				
Parent/Legal Guardian Signat	ure		Name Printed		 Date Signed				